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ABSTRACT

This guide suggests ways to develop and implement school-based programs and services for pregnant and parenting adolescents. The guide is organized in 10 sections. The first section summarizes the problem of teen parenthood, with information on the causes and the consequences of early pregnancy. In the second section, teen parents' needs for services are explored, and information on planning programs to meet those needs is provided. A curriculum for educating teen parents on pregnancy, childbirth, and parenting skills makes up the third section of the guide. The fourth section provides information on program evaluation. The fifth through ninth sections cover various resources: community resources, financial assistance, social services, medical aid, and public information and education. The final section lists resources (research articles, books and reports, books for adolescents, curriculum guides, pamphlets, and audiovisuals). (KC)

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PREGNANT AND PARENTING ADOLESCENTS

ALTERNATIVES FOR DEVELOPING SCHOOL-BASED PROGRAMS AND SERVICES

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Sponsored Cooperatively by
Research Coordinating Unit
Department of Occupational Education and Technology
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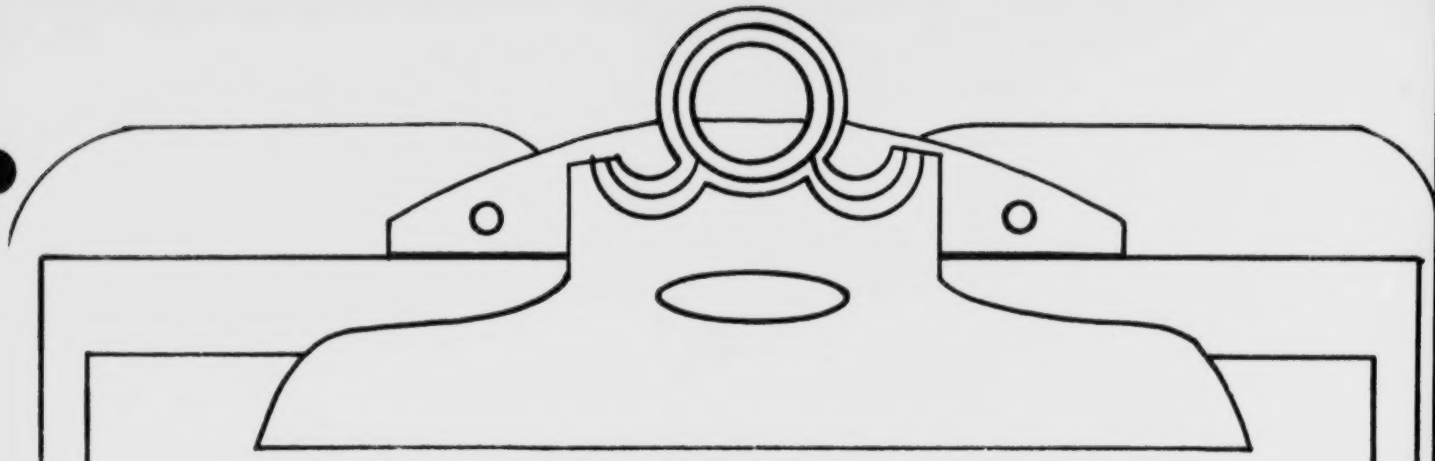

SINGLE PARENTS & HOMEMAKERS
PROGRAM IMPLEMENTATION CHECKLIST

A. PRELIMINARY PREPARATIONS:

_____ 1. Read report
_____ 2. Review references (see pp. 82-84)
   a. select appropriate references
   b. become thoroughly familar w/selected references
_____ 3. Review needs assessment forms (see Tables 2, 3, 4 and Appendix B)
   a. revise to meet your needs and community program needs or concerns
   b. use to conduct surveys of adolescent parents, the community and school
_____ 4. Collect results from needs forms
   a. analyze data
   b. evaluate resulting needs
_____ 5. Determine objectives of program:
   a. list possible solutions, resources (contact other similar programs)
   b. list outcomes of solutions (disadvantages & advantages)
   c. choose best alternative
   d. implement program (see p.9)

B. IMPLEMENTATION:

_____ 1. Assess community support (or need for)
   a. community groups (Planned Parenthood, Day Care Centers, Adoption and Counseling Agencies)
   b. Religious Groups (Women's & Family Services)
   c. Medical support (Women's Clinic, free health services)
   d. Parental support (attitudes)
_____ 2. Determine financial needs
   a. assess finances
      1) allotted funds (if any)
      2) donations (possible sources)
      3) available free resources
   b. assess participants' needs

C. FOLLOW-UP FOR NEW PARENTS:

_____ 1. Services needed after birth of child:
   a. medical
   b. care centers
   c. Financial planning
   d. Marriage counseling or single-parent counseling services
_____ 2. Assess other needs

TABLE OF CONTENTS

ACKNOWLEDGEMENTS. iv

THE PROBLEM. 1
The Trends 1
The Consequences 1
For the Adolescent. 1
For the Child 4
For Society 5
The Causes 5
Increased Sexual Activity 6
Early Biological Maturation 6
Limited Reasoning Ability 6
Lack of Information 7
Ineffective Contraceptive Use 7
Psychological Need. 8
Conflicting Societal Values 8
An Exciting Challenge. 9
Summary. 9

THE NEEDS 13
Service Needs. 13
Program Planning 15
Needs Assessment. 16
Community Support 16
Goals and Objectives. 17
Structure 18
Program Components. 21
General Guidelines. 26

CURRICULUM. 27
Goals 27
Content 28
Adaptations 29
Suggestions for Use. 35

EVALUATION. 37
Evaluating Program Objectives 37
Validating Program Outcomes 39
Summary. 40

COMMUNITY RESOURCES 44

FINANCIAL ASSISTANCE. 46

SOCIAL SERVICES 47

MEDICAL AID 49

PUBLIC INFORMATION AND EDUCATION. 51
Nutrition. 51
Employment 52
Housing. 55
Services for Runaway Youth 56

RESOURCES

RESEARCH ARTICLES. 58
BOOKS AND REPORTS. 68
BOOKS FOR ADOLESCENTS. 75
CURRICULUM GUIDES. 78
PAMPHLETS. 80
AUDIOVISUALS 84

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This report is dedicated to all the persons who have given their time so graciously and generously. It is hoped that the results of this study will contribute to the development of programs which help pregnant and parenting adolescents develop full and useful lives for themselves and their children.

Linda R. Glosson, Project Director

Jacque Lytle, Project Co-Director

June, 1986

The issue of adolescent pregnancy and parenthood evokes a variety of different responses. Some ignore, others blame, many cry. Before any action is taken to solve the problem accurate information about the trends, consequences, and causes is needed.

The Trends

The figures are shocking. The United States has the highest adolescent birth rate of almost any developed nation in the world. Nearly one-fifth of all U.S. births is to a adolescent. Each year, more than one million, that is one in 10, adolescent women become pregnant in this country. Of those, approximately 600,000 give birth, 300,000 choose abortions, and 100,000 have miscarriages. Cumulatively, that meant that four out of 10 American women will become pregnant before celebrating their twentieth birthday.

Unfortunately the magnitude of this trend is not the only startling concern. The birth rate is steadily rising even among the youngest adolescents: 30,000 pregnancies occur annually to girls under 15 (with the remaining 425,000 to girls 15 to 17, and 685,000 to girls 18 and 19). Over 90 percent of those adolescents who give birth elect to keep their babies rather than release them for adoption, most of whom will also remain unmarried.

It is easy to become lost in these numbers. What they mean in simple terms, however, is that adolescent pregnancy and parenthood can no longer be ignored. Many unplanned and typically unwanted babies are being born to young parents, resulting in many adverse consequences for everyone involved -- the adolescent, the child, and the society in which we ALL live.

The Consequences

Concern about these alarming trends has led to substantial research into the consequences of adolescent pregnancy and parenthood. Considerable controversy exists regarding how such early childbearing affects the lives of young people. Some experts consider adolescent parenthood an additional strain on young people who are already vulnerable because of preexisting socioeconomic, family, and psychological problems. They argue that adolescents who become pregnant are "different to begin with" and that this initial difference, coupled with demands of parenthood, leads to the problems found to be associated with early childbearing.

Others argue that whatever the background of the adolescent, the social and economic limitations imposed by parenthood at a young age are in themselves a sufficient handicap to create a distinct set of problems. It seems likely that both points create a distinct set of problems. It seems likely that both points of view are accurate. While the long-term consequences of adolescent pregnancy and parenthood are not fully understood, and will be open to continued debate, the general consensus among specialists in the field is that early childbearing has adverse consequences for young people.

For the Adolescent

Early childbearing reduces a teen's life chances in a variety of ways. The effects are generally stronger the younger the age at which the first

birth occurs. A common pattern of effects is limited education, poor paying job or unemployment, additional unwanted children, and an unsatisfactory marriage. The tragedy is that young people must be making adult types of decisions at a time when they are still children.

Health

The teenage mother-to-be is vulnerable to unique problems of pregnancy created by her own physical and emotional immaturity. Although the average American girl reaches gynecological maturity by age 15 and thus might be assumed to be ready biologically to conceive, the pregnant adolescent faces significant health risks.

Physical. Adolescent women are more likely to suffer from medical complications of pregnancy and childbirth than women who delay childbearing until their twenties. Teens are in greater danger of maternal death: the mortality rate is 60 percent higher for adolescents aged 14 or younger, and 13 percent higher for teens aged 15 to 19. Adolescents also exhibit a greater incidence of nonfatal complications, such as premature or prolonged labor, surgical deliveries, toxemia (blood poisoning), and iron-deficiency anemia.

Greater health risks faced by pregnant teens may be attributed to several factors. Most adolescents become mothers before they themselves have reached physical maturity. Pregnancy exacts a heavy toll on the body of the adolescent who may be rapidly growing and developing along with the baby inside her. Despite the fact that they are still developing, many American adolescents have nutritionally deficient diets. Such adolescents do not necessarily improve their eating habits when they become pregnant. They also do not understand the need for early, continuous prenatal care.

Over 50 percent of all pregnant adolescents seek no prenatal care in their first trimester, and others put off such care until the second or third trimester or even delivery itself. By failing to seek medical care early enough, self-imposed health risks can compound the problem. These include poor eating habits, smoking, alcohol, and drug abuse.

Mental. The psychological impact that pregnancy has on an adolescent can be overwhelming. Pregnant adolescents often experience three crises concurrently -- adolescence, marriage, and pregnancy/parenthood, each of which requires profound adjustments.

By moving into these roles so early, the young person is immediately set apart from peers and perhaps estranged from family members as well. At a time when the need for emotional support is especially great, most pregnant adolescents are abruptly left alone. It is not surprising then that pregnant adolescents tend to exhibit feelings of doubt, uncertainty, inadequacy, unworthiness, guilt, loneliness, and isolation.

At its worst, the emotional stress experienced by pregnant and parenting adolescents may lead to intense depression, frustration, anger, and ultimately violence -- either through child abuse and neglect, or suicide. Some studies have found that as many as 13 percent of pregnant adolescents attempt suicide. That is ten times the rate of the total population!

Family

The family structure formed because of circumstances of adolescent pregnancy is marked by its instability. Possibly the most dramatic trend in

recent years is the diminishing social stigma surrounding unwed motherhood. More than two-thirds of the first-born children of adolescent mothers are conceived outside of marriage.

The proportion of premaritally pregnant women who marry before the baby is born has fallen, however. Currently, among unmarried adolescents who become pregnant and carry the pregnancy to term, only about a third marry before delivery. Over half of all babies born to teenagers are out-of-wedlock. Single parenthood is more of the norm.

Unfortunately those teens who choose marriage may not be better off. Divorce is common among them. Teenage marriages are two to three times more likely to dissolve than marriages occurring after the age of 20. One-fifth of premaritally pregnant adolescent couples break up within one year and nearly one-third within two years. Within six years, three in five adolescent brides are separated or divorced. Because of the high rates of out-of-wedlock births and divorce, it is probable then that most pregnant adolescents will spend at least some time as the single head of a household.

The combination of early marriage plus parenthood poses unique difficulties for the teen family, and is further compounded by additional repeat pregnancies. Of all teenagers who give birth, 18 percent will become pregnant again six months after delivery, 44 percent within one year, and 70 percent within two years. The younger a woman is at her first pregnancy, the more children she will have and the closer spaced they will be. Having begun childbearing at such an early age, these adolescents tend to have a larger completed family size than women who delay childbearing. Early childbearers can expect to have an average of four children, most of whom will be born during the adolescent years.

Education

Pregnancy is the most common reason female students drop out of school. Eighty percent of young women who become mothers by age 17 drop out and never complete high school; 90 percent of mothers 15 or younger never complete high school, and 40 percent fail to complete even the eighth grade. Early childbearing also appears to have a greater impact on the subsequent lives of adolescents with high academic abilities than it does on their less able classmates. For young fathers the effect is less dramatic, but still substantial: Those who become fathers before age 18 are two-fifths less likely to graduate from high school than those who postponed childbearing.

The roles of student and parent are, in many cases, competing. The difficulty of arranging and paying for infant care while attending classes, holding down a job, the burden of household tasks, plus pressure from parents, peers, or spouse to spend as much time as possible with the child all decreases the likelihood that an adolescent who has recently borne a child will continue in school. The younger the age at first birth, the more likely childbearing will interfere with the completion of schooling. Unfortunately, there is no evidence that early childbearers catch up with their childless peers and continue their education at some later date.

Economic

Women who bear their first child at a very early age may face a lifetime of economic stress and limited opportunities. Early childbearing seems to trigger a chain of events that combine to undermine economic well-being. The

most critical factor is the reduction in educational attainment. With limited education and no marketable skills, adolescent parents, if employed at all, are likely to hold unskilled, low-paying jobs providing less job security and little chance for advancement. Adolescent parents are over-represented in the blue-collar working class and under-represented in the professional classes. Their annual income is estimated to be half that of those who postponed childbearing.

Repeat pregnancies further complicate the problem of unemployment and underemployment. Adolescents with additional children are even less able to complete their schooling and acquire necessary job training and experience. The higher fertility of young mothers not only makes it more difficult to work but also requires that the total family income be shared among a larger number of persons. Moreover, an adolescent mother is likely to be the sole breadwinner, either because she is unmarried or divorced. These adolescent families must work longer hours to achieve lower incomes which must be divided among larger families.

It is not surprising then that many adolescent families are dependent on welfare for survival. Adolescent mothers are the fastest growing group in the welfare population. Six out of ten women in families receiving AFDC (Aid to Families with Dependent Children) have given birth as adolescents. The younger a woman is when she first gives birth, the more likely her family will live in poverty. While only 14 percent of the general population is classified as living in poverty, 31 percent of adolescent parents are below the poverty line. Many social scientists believe that adolescent pregnancy is at the very heart of the U.S. poverty cycle.

For the Child

Not only does the pregnant adolescent reduce her own life chances, but also those of future generations as well. The long-term consequences for the future life of children born to teenagers is cause for great concern, although it has been least documented in current research. Research that does exist focuses on immediate consequences for the infant and very young child. Teenage pregnancy affects the environment in which children are raised and the kinds of opportunities available to them. Essentially, the teenage parent is at risk for producing an at-risk child, who enters the world in less than optimal conditions.

Babies born to adolescents start life with increased risk of death, illness, and birth defects. This is most often attributed to the high rates of prematurity and low birth weight found among these babies. Adolescents are 39 percent more likely to have a low-birthweight baby than older mothers. Prematurity and low birth weight have long been associated with a number of lifelong handicapping conditions, such as mental retardation, cerebral palsy, epilepsy, blindness, deafness, spinal deformities, and other neurological and congenital malformations.

In addition, babies born to adolescents are far more likely to die in the first year of life. Their risk of death is two to three times greater than that of babies born to mothers in their twenties, and is greater than that of babies born to mothers aged 40 or older. The incidence of stillbirths and miscarriages is also increased. These early deaths and birth defects increase dramatically among the second, third, and subsequent children born to a mother who is still in her teens. All of these conditions may require lengthy and expensive medical support, thus adding to the stress of an already at-risk young family.

Infants who escape the health hazards of having an adolescent mother do not always manage to overcome the psychological and social disadvantages. Possibly because of initial physical problems and/or disproportionate rearing in unstable, poverty-stricken homes, children born to adolescents are more often classed as having behavioral problems, as well as deficits in cognitive and social development. These children tend to have lower intelligence (IQ) scores, and are more apt to repeat a grade in school. Some are victims of child abuse at the hands of parents too impatient or immature to understand their needs. Three out of five mothers who are child abusers gave birth as adolescents.

Very young parents may be ambivalent about child care and be under varying degrees of psychological strain. Disruptions in the family structure are common during the child's formative years.

Too concerned with their own problems, teens may fail to insure maximum intellectual and emotional growth of their children. Most distressing of all perhaps is that these children of children tend to repeat their parents' patterns. They are prone to dropping out and becoming teenage parents themselves. Eighty-two percent of girls who give birth at age 15 or younger were daughters of teenage mothers. And hence, another generation of the teenage pregnancy cycle begins.

For Society

Teenage pregnancy and parenthood exact heavy costs from society and from the individuals involved. An estimated $16 billion per year is spent in the United States to assist adolescent families. Our economy suffers through increased taxation, unemployment, underemployment, welfare dependency, and poverty.

Yet these are only financial costs. What of the threat to stable family life and loss of human potential? The children of adolescent parents today are the adults of tomorrow. They hold the future in their hands. We must become their advocates to insure that they be given the opportunity to achieve their maximum potential -- for their own sakes, and for the sake of society at large.

The Causes

It is hard to understand, given all the negative consequences, why the problem of adolescent pregnancy still exists in our seemingly advanced society. Researchers are still debating the issue, and have changed their theories over the years.

Early studies depicted the pregnant teenager as personally deficient, having emotional disturbances and low self-esteem. These teens kept bad companions, were "immoral," acted out against society, and experienced rejection. Others blamed the troubled or broken family. Teen pregnancies were usually seen as a means to escape an unhealthy home situation, to fill an unmet need or void.

More sociological approaches looked toward the changing social values of this country, These changes include the emphasis on sex, legitimization of unwed parenthood, declining influence of parental authority, and rampant poverty and unemployment.

The emphasis in research has shifted from the portrayal of an at-risk adolescent to a person who is potentially capable but greatly influenced by

factors in the larger society. There are many individual differences to consider also. Rather than search for one single underlying cause, it is perhaps more useful to examine the multiplicity of factors that may contribute to the risk of adolescent pregnancy.

Increased Sexual Activity

Although a multitude of factors contribute to the incidence of adolescent pregnancy, the simple truth is that one universal identifying factor in the situation -- an act of sexual intercourse -- results in pregnancy. All of the many reasons proposed singly or combined, do not produce pregnancy.

Pregnancy is due to a biological union. From this perspective, then, it is important to examine and acknowledge current patterns of adolescent sexual behavior. Adolescents are having premarital sex with greater frequency and at younger ages than ever before. It is the exceptional young person who has not had sexual intercourse while still a teenager: Eight in 10 males and seven in 10 females report having had intercourse while still in their teens.

Early Biological Maturation

Increased sexual activity among adolescents may have a physiological basis. Adolescence begins early and ends much later than in the past. Today's adolescents are maturing biologically at a more accelerated pace than in previous generations, thanks in part to improved living conditions, nutrition, and health care. The average age of menarche is 11.5, with some girls experiencing menstruation as early as 8 years of age -- in contrast to age 14 or 15 at the turn of the century. For boys, the presence of semen, at about age 12 or 13, indicates reproductive maturity, as most semen is fertile at its first appearance.

Other physical changes occurring during puberty, such as growth spurts and development of secondary sex characteristics, also stimulate sexual interest and desire. Although their bodies may be physically mature, adolescents do not have the societal sanction to participate in sexual activity until adulthood. They remain in a "sexual waiting period," between childhood and adulthood for at least ten years -- thus increasing the risk of early pregnancy.

Limited Reasoning Ability

Adolescent cognitive and emotional development follows a much slower, but predictable, timetable than does physical maturity. Both immaturity and inexperience affect adolescent thinking processes. Adolescents live very much in the here and now. They are less able than adults to accurately assess themselves and their environments, to plan ahead, to anticipate the consequences of their actions, and to develop realistic expectations. Wistful thinking is common. As a result, they often have an inflated sense of power and invulnerability.

Many adolescents believe that pregnancy will not happen to them: they are too young, they don't do it often enough, they do it standing up, or they take one of their mother's pills afterwards. If pregnancy does occur, adolescents confidently assume their ability to take responsibility for a child even through they lack the financial, emotional, or family resources to do so. "I can handle it" is a common response.

The ability for abstract thought is just beginning to develop in adolescents, so many cannot even logically comprehend the correlation between sexual intercourse, pregnancy, and contraception. Developmental maturity is also required for an adolescent to move from a preoccupation with self to a concern for the welfare of others. Pregnancy is thus a likely risk for adolescents who do not understand the implications of their actions.

Lack of Information

Even with all their early experimentation with sex, American adolescents are in many ways ignorant about the basic facts of life. Misconceptions abound. Among the most common myths: that they could not become pregnant the first time they had sex, if they had it only occasionally, or if they had it standing up. Adolescents are especially foggy about contraception: some do not know it exists, while others fear health hazards or believe contraception decreases sexual pleasure. Most are confused about the reproductive cycle and the functions of their own sexual anatomy.

Unfortunately, most adolescents learn about sex through trial and error. Peers are a significant source of misinformation as well. Parents, churches, and schools traditionally have provided very little sex-related information. If information is provided at all, the major focus has been related to the non-behavioral aspects of sexuality such as menstration, reproduction, and venereal disease. Birth control is rarely mentioned. Information is often given too late by poorly prepared teachers and parents resulting in youth who are ill-prepared for informed decision-making. Such reluctance on the part of many parents and educators has left adolescents wide open to the very things parents and educators would like to prevent. Denying adolescents accurate information does not prevent sex--only responsible sex.

Ineffective Contraceptive Use

While recent trends point to a growing percentage of adolescents at risk for pregnancy, pregnancy is a real and likely event only when contraceptives are unused or misused. Despite the availability of highly effective contraceptive methods and the right to confidentially in seeking family planning services, many sexually active adolescents remain ineffective and inconsistent in their efforts to prevent pregnancy. Most adolescents are sexually active for a year or more before they seek help in obtaining contraception. Younger adolescents delay the longest.

Pregnancy risk is high among adolescents just starting to have sex: half of all first pregnancies occur within six months of the initiation of sexual activity. When sex occurs on an unexpected or sporatic basis, adolescents rarely are prepared with contraception.

Greater commitment within a relationship is generally associated with more pregnancy prevention. It is perhaps ironic and certainly unfortunate that those adolescents who are least experienced and least involved in relationships, often the "one-night-stands," are the most likely to produce an unwanted pregnancy.

Often the problems of obtaining and using contraception seem to many young people more immediate, and more overwhelming, than the problems of a possible pregnancy. Adolescents are inexperienced at arranging their own health care, they are novices at the communication and negotiation required in

an intimate relationship, they worry about being seen at a family planning clinic, and their self-consciousness about their bodies makes them reluctant to be examined medically or to touch themselves in the course of using certain contraceptive devices.

The underlying issue, however, is that planned contraception is difficult, if not impossible, for adolescents who have not yet accepted their own sexuality. Planning implies both intent and responsibility. The prevalent attitude among adolescents is that planned sexual activity is wrong, while a spontaneous sexual encounter committed in "the heat of passion" is a more morally justifiable act. To come prepared with the Pill or a diaphragm is considered looking for sex, and that is not permitted. Until such romantic denial is replaced by responsible sexual behavior, there is little hope that adolescents will use contraceptives effectively.

Psychological Need

Aside from the small minority of adolescents who conceive because of contraceptive failure, and the somewhat larger group who conceive because of their sheer ignorance about sex, pregnant adolescents tend to fall into two general "motivational" classifications: First, there are those who actively sought to conceive (again a minority). Then, there are those who conceive by default.

There are a variety of motives behind a desire to have a baby. Perhaps it is a way of acting out, establishing independency, capturing a reluctant suitor, or simple curiousity. Some adolescents may want children (consciously or not) as a means of meeting psychological needs that are not being fulfilled in other ways.

Typically, family experiences of adolescents who intend to become pregnant involve some degree of social and emotional deprivation, conflict with parents, and possibly even physical abuse. Such family stress impels young people to seek emotional reassurance and affection elsewhere. The result is a strong desire to create an object to love, either by becoming sexually active or by having a baby in order to fill the void in their lives.

Many young women have children as a way of "undoing" their own childhoods; they are convinced that they can make life better for their child. These adolescents are looking for something they can do well, as their self-esteem is often very low. Childbearing is an attempt to save a dwindling self-esteem and resolve identity struggles. Their getting pregnant often has little to do with sex--it is rather a perverse attempt to meet some basic security and nurturing needs.

Conflicting Societal Values

Adolescents are further confused by the mixed messages they receive from our society. On the one hand, sexuality is permissively flaunted through the mass media--television, magazines, advertisements, and popular music all present a glamorized picture of sex, where personal pleasure is emphasized over mutual responsibility.

Today's adolescents live in a society where divorce, single parenthood, abortion, and various alternative lifestyles are widespread, peer pressure overshadows parental authority, and physical attractiveness and youth are glorified. Sex is everywhere, but at the same time, sex is taboo.

There has been a lag between sexual practices and society's attitudes towards them. Sex education is prohibited in all but the most progressive schools, parents impart little wisdom to their children except the warning "don't," and adolescents must sneak around to get contraceptives, if they use them at all.

The ever-present double standard does little to help the situation. Males are still encouraged to prove their masculinity via sexual conquest, while their female partners suffer a loss of reputation for participating. "Good girls don't" in our society, or else they alone pay the consequences. Contraception is seen as the female burden, and if pregnancy should occur, often males do not marry the girls they impregnate nor do they endorse abortion.

The adolescent is caught in a double-bind, and has neither the problem solving ability or adequate information to make responsible decisions. Burdened by such conflicting societal mores, it is not surprising that adolescents have great difficulty developing healthy sexual identities.

An Exciting Challenge

It is easy to feel overwhelmed and helpless in the face of such a challenge. Research presents a picture that is relatively negative and bleak. The undesirable consequences of early pregnancy to the adolescent and her family, and to society and the community are many.

What the statistics may hide are individual pregnant teenagers who, through a combination of their own personal strengths, skills, and coping styles, are able to become loving and effective parents and economically contributing members of their communities.

Research itself can have negative consequences. It can lead to an acceptance of the status quo -- "That's the way it is and that's the way it's going to be!"

We must not let what has been blind us to what can be. We can use what findings we have to develop programs that will erase the graphic picture of despair and lost opportunities of the pregnant teenager that research has painted for us. We must begin to break what seems to be the inevitable cycle of negative consequences, and focus on what is needed to promote positive outcomes for both society and the individuals involved.

Summary

CONSEQUENCES OF ADOLESCENT PREGNANCY

FOR THE ADOLESCENT

Medical complications of pregnancy
Emotional stress
Isolation from friends and family
Suicide
Family instability
Single parenthood
Divorce
Higher subsequent fertility
School disruption
Limited employment prospects

Low and undependable income
Welfare dependency
Poverty

FOR THE CHILD

Prematurity
Low birth weight
Risk of death, illness, birth defects
Growth impairment
Cognitive deficiencies
School adjustment problems
Behavior problems
Inadequate parenting
Abuse and neglect
Family instability
Poverty
Adolescent pregnancy

FOR SOCIETY

Taxation
Unemployment
Underemployment
Welfare dependency
Poverty
Medical costs
Family instability
Loss of human potential
Uncertain future

TEENAGE PREGNANCY IS EVERYBODY"S PROBLEM!

SUGGESTIONS FOR USE

1. Localize the consequences to your particular school district, community or state. Collect local information about the number and percentage rate of:

--live births to adolescents in the community
--adolescent abortions, miscarriages, still births
--out-of-wedlock births
--medical complications of pregnancy
--maternal deaths
--neonatal and infant deaths
--premature and low birthweight babies
--repeat births to adolescents
--child abuse and neglect
--marriage
--divorce
--single parenthood
--educational completion and dropout

--employment, income, economic independence
--welfare dependency
--poverty

Divide data in each category into the following variables: age, ethnicity, socioeconomic status, location of residence, etc.

Review data from the past three to five years to determine the consistency and to develop a historical perspective.

Much of this information is available from your local or state bureau of vital statistics, departments of health and human services, school districts, and census reports.

2. Use the information you have collected about your local community along with the consequences outlined in this chapter as a starting point for a discussion or presentation to colleagues, students, administrators, and/or community members. People need to know what the problems are before they can begin looking for solutions.

NOTES

THE NEEDS

One gap in our knowledge of adolescent pregnancy and parenthood is an understanding of adolescents' own definitions of their needs, problems, and acceptable sources of help. The literature is full of discussions by service providers and researchers, but we rarely hear from the young parents themselves. Such knowledge is crucial to sensitive and effective service provision to this population and to informed policy making.

Service Needs

Pregnant and parenting adolescents vary considerably in their need for help. The kind of services that they might need depends on their gender, age, location, the age of their child or children, their psychological maturity and stability, the conditions of their family of origin, their marital and socioeconomic status, educational attainment, and ethnicity. Since not all pregnant and parenting adolescents have the same service needs, there is general agreement that within any particular community a variety of service providers should offer a diverse but coordinated range of services with more than one point of entry into the service system.

Unfortunately, the vast majority of pregnant and parenting adolescents do not have access to any comprehensive program of medical, educational, financial, psychological, or family planning services. Eligibility requirements are often designed to deal with only the neediest of cases. Pregnant and parenting adolescents complain of falling between the "eligibility" cracks in qualifying for needed services. Not poor enough to qualify for many forms of public assistance, and yet without enough money from their own incomes or their families. Many people in need are left out.

Categorical funding for this population is rare. Pregnant and parenting adolescents are often part of a larger group (e.g. pregnant women, welfare recipients, family planning clients) subsumed in other programs which already have policies and services in place. Most adolescents must adjust to programs which may not adequately address their special needs. When pregnant and parenting adolescents have access only to these broad based community services, the effectiveness of support is minimal.

The universal fragmentation of services and target populations renders many services impractical, unrealistic and inaccessible. Service providers typically define their services in terms of bureaucratic specialization and discrete professional fields. The constellation of services that pregnant and parenting adolescents consider essential to attaining a particular goal are often provided separately or not at all.

In seeking help for various problems, most pregnant and parenting adolescents only go to one or two sources, while some do not go to anyone for help in spite of their reported need. The fairly small number of help sources used and the substantial number of women who seek no help bear out the common observations by service providers, that adolescents are sometimes apathetic or slow about seeking needed assistance.

Once, and if, an initial contact is made, pregnant and parenting adolescents are highly inconsistent and ineffective in their use of services: they are ignorant or only vaguely aware of special services available; they have difficulties organizing themselves to manage use of services; they have problems with transportation and child care; they have fantasies about being taken care of by the families, by boyfriends, or by welfare.

Services providers, however, also do less than they could to enable pregnant and parenting adolescents to use services. Many services are provided in a way that limits their appeal and accessibility. For instance, services are provided in a way that limits their appeal and accessibility. For instance, services are frequently concentrated in safer, more prosperous geographical areas that are convenient for professionals but far from many of the neediest clients. Other barriers limiting service use that are often mentioned by consumers and service providers include: fees, hours, parental consent, frequency or duration of permitted service use, staff attitudes and interpretation of regulations, eligibility, and appropriate referrals.

Availability does not mean usability. The right to access implies the utilization of a service, and not simply the knowledge of or presence of a facility or program of service. Perhaps it would be most useful to consider access in terms of whether those who need help can obtain it.

Services not only are inaccessible, but also inappropriate. In fact, pregnant and parenting adolescents define their problems and needs differently from service providers, and yet they are generally excluded from the policy development process. Decisions are made and programs are carried out based, at least in part, upon service providers' assumptions. Whenever a group receiving services is omitted from the decision-making and policy development process, there is increased risk that the services provided will be less effective in meeting the needs of the clients. This explains the many mismatches between services and the target population of adolescents that now exist.

For example, pregnant and parenting adolescents express the clear needs for concrete help such as financial aid, food, clothing, child care, housing, job training and placement, and medical care. They identify their needs very specifically and seek direct help in meeting those needs. Service providers, however, most often provide counseling and other "soft" services with little or no concrete assistance. While adolescents emphasize the need to prepare themselves for independent living, service providers encourage dependence.

Too many programs end just at the time adolescents most need support. Parenting adolescents recognize that their needs increase dramatically after the birth of a child and that the end of pregnancy does not signal the end of their overwhelming needs. Most programs, however, typically concentrate on pregnancy and neglect the new parent. Either the service itself ends (e.g., a prenatal clinic) or access to the service declines (e.g., a school program without accompanying day care facility or transportation). Few young parents know how to make this transition to a partially or completely new set of services and agencies and apparently little help in the transition is afforded them.

Pregnant and parenting adolescents express the need for immediate assistance when they seek help; their needs are pressing and cannot be put off indefinitely. The waiting time which occurs following the initial request for help is perceived by service providers as shorter than it is perceived by adolescent parents in need. On the other hand, the length of services is frequently too short, as judged by parents, and they find themselves quickly back in difficult circumstances. Follow-up after service delivery, if any, is often for statistical purposes only. Few parents would define this as follow-up at all. Since many young parents express the need to be treated in a caring way, such cursory treatment enhances their feelings of frustration and alienation, thereby discouraging further use of services.

Pregnant and parenting adolescents have much potential and tremendous desires to be productive citizens and good parents. Although there are many good services and caring service providers to help them, there are still too many, often unnecessary, obstacles making it difficult for them to reach their goals. Further, many of the adolescent's needs are unmet or are generally unrecognized. Usually this is not due to lack of resources, but rather to absence of a comprehensive community plan for providing services to every pregnant and parenting adolescent. Every community has the human and technical resources to develop such a plan, but unless some person, group, or agency initiates development of the plan, it simply does not happen.

Adolescent Parents' Use of Services*

Most Often Used	Moderately Often Used	Least Often Used
Individual counseling	Sex education	Child care services
Medical care	Family planning	Legal help
Child care classes	Residential services	
Parenting classes	Welfare help	
Agency school	Childbirth classes	

* From Zitner, R. and Miller, S. Our Youngest Parents. New York: Child Welfare League of America, Inc., 1980.

Program Planning

Although there is increasing recognition of adolescent pregnancy and parenthood as a problem, most states and local communities lack adequate data, funds, and interagency coordination to handle it. Program planning often occurs in a vacuum. A large proportion of service providers are unaware of how well needs are being met outside their own immediate programs. This isolation and lack of coordination may result in services being duplicated or, even worse, not provided at all.

A comprehensive, interagency effort within each state and local community is necessary to foster the establishment of coordinated programs if participants are to lead productive, satisfying adult lives and to contribute to the development of their children.

All needed services do not have to be provided under one roof for a program to be effective. The solution may be as simple as carefully routing needy adolescents to already existing services. Or, the school may wish to supplement community agency services in areas that are lacking. After-school and homebound programs are possibilities. Each school and agency could take one problem area and work together to find solutions and provide services. If adequate resources become available then a separate comprehensive school program having all necessary services could also be developed.

If communities are planning to implement new programs for pregnant and parenting adolescents, decisions will need to be made about:

1) program philosophy and goals
2) program structure
3) program content.

Making these decisions will be facilitated by a thorough needs assessment and by developing adequate community support.

Needs Assessment

The hardest part of any project is figuring out where to begin. There is so much to be done, seemingly few resources, and often a considerable amount of controversy surrounding programs for pregnant and parenting adolescents. One very useful and important tool for getting started is needs assessment. Needs assessment provides the foundation for all subsequent program planning and revision. Because needs change, needs assessment is a continuous process.

A need can be simply defined as the difference between "what is" and "what should be." Needs assessment, then, is a technique used to assess whether or not a present or proposed program is measuring up to its stated goals and, more importantly, to the needs of pregnant and parenting adolescents of a particular community.

Needs will vary from community to community, and from adolescent to adolescent. Each community "climate" is different, with respect to geography, population, socioeconomics, culture, politics, and morality, which influences the availability of programs and services, priorities, and support. To develop effective programs, those concerned should know the community and its resources as well as the characteristics and needs of the population of adolescents to be served.

A needs assessment is usually in the form of a survey or structured interview. The objective is to examine the extent of the problem, current and future needs, availability of services, gaps and linkages, and alternative solutions. Such a diagnostic assessment requires current data from a variety of sources.

Program planners must identify both organizations and individuals who can ensure meaningful consumer input. The needs assessment should involve school administration and staff, agency personnel, experts in the fields of family life and sexuality, business leaders, government officials, representatives of church, cultural, and minority groups, and community members. Pregnant and parenting adolescents and their families also have a vested interest in program planning.

Failure to assess the needs of the adolescents and the communities in which they reside can easily be interpreted as insensitivity at best and indifference at worst. Moreover, the initiative would miss out on valuable insight, perspective, and endorsement. When planning interventions that will affect the lives of a communities' young people, it is important to have their input.

Community Support

A built-in restraint to getting started is community response. Adolescent pregnancy, and adolescent sexuality in general, are controversial and emotionally-charged issues. They relate to community, family, and resigious values. Because many people want to avoid the problem, it is often easier to ignore it.

Some community agencies may be reluctant to cooperate with new programs. However, it is important for a new program to make itself known and to become accepted by the community. Cooperative relationships with existing service agencies must also be established if adolescents are to receive all the appropriate assistance needed.

An on-going systematic plan of public relations is needed. In order to ensure that the community is aware of, understands, and consequently supports program goals and activities, it is necessary that they be kept informed on a regular basis. Programs for pregnant and parenting adolescents are cautiously observed by people in the community. They gain impressions and come to conclusions based on what they see and hear. Considerable effort should be made to ensure that the information the public receives is accurate. Only in this way can informed and intelligent cooperation from the community be obtained.

The needs assessment will be the first opportunity for the program to earn the good will of the entire community. The needs assessment should show that the program is concerned with all segments of the community in which it is located.

Some of the contacts made through the needs assessment can be used to form a citizen's advisory committee. An advisory committee provides the public with an added assurance that community interests are being protected. The committee serves as an organized base for two-way communication between program staff and community representatives. This continuing forum allows each to discuss their mutual interests and concerns regarding the program. Because of the potential influence of committee activities, the community is more likely to recognize that the program is attempting to fulfill their needs. Advisory committee members should represent a broad spectrum of the community. Choose those with recognized knowledge and experience in the adolescent sexuality field and those with various philosophical viewpoints.

After a program has been implemented, some additional public relations strategies might be to: initiate a media campaign, invite the public to special school functions, stage an open-house, maintain a speaker's bureau, and participate in community groups and professional associations. Visitors should always feel welcome and be given a chance to tour the facilities and talk with program participants. There is no better public relations tool than adolescents who leave the program as successful parents and citizens.

Building community support and understanding for the program is essential to successful program planning. Only after knowledge of community values, needs, and resources has been acquired can goals be set and the program be put into action.

Goals and Objectives

Sound programs are based on clearly defined program goals and objectives which spell out the overall purposes and expected outcomes of the program. Program goals may be described as statements of "where you want to go," and program objectives as statements of "how you are going to get there." Before you can describe where you want to go, it is important to determine where you are and what needs you are trying to satisfy. This information is best derived from needs assessment surveys, research results, advisory committee meetings, and administrative and staff conferences. Seeking input from a variety of relevant sources before program goals and objectives are prepared ensures that the program's expected outcomes truly reflect the needs of the students and of the community.

Developing program goals and objectives is important for several reasons. Community members and program participants are made aware of exactly what is being offered in the program. Expected outcomes are clarified. Outlining the broad goals and specific objectives of the program helps in planning the kinds

of services, courses, and activities that will accomplish these purposes. Clear statements of program goals and objectives are essential to program evaluation.

Once you have stated what you hope to accomplish how you will measure the accomplishment, evaluation of the program's progress becomes a matter of assessing the degree to which you have done what you intended to do. In the case of identifying overall program goals, you are able to see how your particular program fits into the total service delivery system.

Statements of program goals and objectives are normally prepared in the initial program planning process as new institutions, facilities, or services are created. These goal statements are usually periodically revised as local student and community needs change. Federal and state legislation, funding restrictions, and available resources and expertise also influence program goals and objectives. Coordination with other service providers in the process results in a more unified approach and prevents needless duplication and overlap.

A stronger commitment to work toward the achievement of these goals is likely to result if the persons responsible are actively involved in their development. Involvement, relevancy, and clarity are key ingredients to developing successful program goals.

Goals for programs serving pregnant and parenting adolescents might include: healthy pregnancy and delivery, prevention of additional unplanned pregnancies, appropriate parenting skills, dependency, gainful employment, completed education, increased self-esteem, improved family communication, community awareness and support, etc. Specific program objectives related to the goal of a healthy pregnancy and delivery, for example, might be to provide on-site prenatal care, daily exercise classes, nutrition education, subsidized food supplements, or drug and alcohol counseling.

The number and type of goals and objectives will depend on the size and the scope of the program. Always define goals and objectives before, not after, program implementation.

Structure

Once program goals and objectives are set, decisions must be made about how to structure the program, the components to include, and the costs of making it work.

Funding

The identification of funding sources for the development of a program for pregnant and parenting adolescents should begin with a community wide assessment. Community meetings should be held to identify existing resources that can be used in serving the needs of pregnant and parenting adolescents. Resources may be available from local school districts, health providers (both public and private), social service agencies, voluntary agencies, individual volunteers, universities, and churches.

After this step has been completed and local commitments are made, sources of "outside" funding can be identified. Resources which can provide important information about how to develop and fund a program for adolescent parents is provided below.

United States Department of Health and Human Services, Office of Adolescent Pregnancy Programs. This office coordinates the efforts of various agencies within the Department that address adolescent pregnancy issues. It provides technical assistance to those interested in the prevention of adolescent sexuality and pregnancy and to those interested in providing services to childbearing adolescents. It is responsible for implementing Title XX of the Public Health Service Act (The Adolescent Family Life Demonstration Projects). To contact this office write to:

Office of Adolescent Pregnancy Programs
Room 725-H, Humphrey Building
200 Independence Ave., S@
Washington, DC 20201

United States Department of Education. The department administers funds allocated to serve pregnant and parenting adolescents. For information regarding funding available contact:

W. Stanley Kruger, Deputy Director
State and Local Educational Programs
U.S. Department of Education
400 Maryland Ave., SW - 2079
Washington, D.C. 20202

State Health Agency. Adolescent pregnancy services are included in the Maternal and Child Health block grant to the states. For information, contact your state health agency.

State and Local Education Agencies. These agencies may utilize funds under Chapter 2 of the education block grant, The Education Consolidation and Improvement Act of 1981, to serve pregnant and parenting adolescents. They also may utilize funds provided under the Carl D. Perkins Vocational Education Act of 1984. Contact your state education agency or your local school superintendent or board of education.

National Organization on Adolescent Pregnancy and Parenting. This national organization can provide you with important information regarding the adolescent pregnancy field. Contact the NOAPP by writing to:

NOAPP
6813 Winifred
Fort Worth, TX 76133

Joseph P. Kennedy, Jr. Foundation. This private foundation has been actively involved in supporting adolescent pregnancy and parenting services. Contact the foundation by writing to:

Eunice Kennedy Shriver
The Joseph P. Kennedy, Jr., Foundation
1701 K Street, NW, Suite 205
Washington, DC 20006

Charles Stewart Mott Foundation. This private foundation has been actively involved in the adolescent pregnancy and parenting field. Contact the foundation by writing to:

Marilyn Steele
1200 Mott Foundation Building
Flint, Michigan 48502

March of Dimes Birth Defects Foundation. This foundation is actively involved in the adolescent pregnancy field. Contact your local chapter or:

Education Department
March of Dimes Birth Defects Foundation
Box 2000
White Plains, New York 10602

The Foundation Center. This center collects, references, and publishes information on current foundation activities and grants. To find out how to access regional collections of this information, call The Foundation Center's toll-free number (800) 424-9836 or write to:

The Foundation Center
888 7th Ave.
New York City, New York 10106

Facilities

The appearance of the facility should be home-like and non-institutional. The relaxed atmosphere will help the participants feel that the program is aware of their needs and lifestyles. Both private and group spaces should be included. Some areas should be quiet while noise should be acceptable in others.

Instructional Team

The size of the instructional team depends on the type program and the number of students requiring service. When the number of students is as small as six or seven, the class can be handled by a single teacher. When the class is larger, it is desirable to add teaching assistants to maintain a ratio that facilitates group interaction.

The roles of each team member should be clearly defined. The major responsibilities of the teacher are to make decisions on the basic content, teaching methods, and use of time. The teacher also must be aware of community resources available to students. The teaching assistant shares that responsibility by providing the teacher feedback on how the class is progressing, by passing on observations of any difficulties with the direction the class is taking, and by providing individual support and attention to class members.

Participant Eligibility

Program Components

The services needed by most pregnant and parenting adolescents include health care (prenatal, well-baby, nutrition, family planning), parenthood education, general education, vocational training and employment, support groups/systems, counseling, child care, transportation, and outreach. The most comprehensive programs offer all of these services in a single setting. Other effective programs make the necessary linkages between pregnant and parenting adolescents and service providers.

Health Care

Health care is a fundamental need of pregnant adolescents and their families. Comprehensive programs have the advantage of being able to provide on-site services that are easy for the adolescent to use and for the staff to follow up. However, programs with effective interagency coordination can accomplish the same goals. Ensuring adequate health care must be a primary goal of the educational program.

The most comprehensive programs offer comprehensive health services. Students are given a complete health assessment and health care plan. The care is also reinforced by required classes on perinatal health. Nutritional analyses are done for each student. The school cafeteria provides meals which ensure that students eat properly. Some programs provide breakfast and even dinner to participants, in addition to lunch, on school days. Visiting nurses, who visit students at home after they have their babies, may be a part of the program. When the new mothers return to school, they and their infants may be cared for at free medical clinics held weekly at the school. Well-baby check-ups and immunizations may be provided along with continued health education. Personal and drug abuse counseling also may be included as part of the health services provided. The availability of health care as part of the program fosters health consciousness in the participants. It also provides a incentive to stay in school.

Parenthood Education

Students' immediate need is to learn the skills necessary for a successful pregnancy and for becoming effective parents. Teens need guidance and information to help them prepare for this major role. Most programs for pregnant adolescents offer instruction on pregnancy and childbirth. Even before their babies are born, some programs give adolescents the opportunity to learn about child development, nutrition, and the physical care of infants and toddlers through structured classes, workshops, individual tutoring, and child care labs. Some programs begin to teach child development when the young mother is in the hospital after the birth of her baby. Other programs offer special classes and groups after the baby is born. Home visits by staff or a visiting nurse are other ways to incorporate instruction in child care.

Students might be involved in caring for the children in an on-site child care facility one period a day as part of a child development class. During the class period, the adolescent can be assigned specific duties and one child to observe for the child development class. The adolescents can prepare individual activities geared to the appropriate developmental stage of their assigned children.

Adolescent parents whose children are cared for at an on-site child care center can be encouraged to spend a few minutes at the beginning of each day consulting with center staff about their children's eating and sleeping habits. They can also discuss any occurrences at home that might affect the child's behavior at the center. Mothers of infants under six months might be encouraged to spend their lunch periods with their babies. This time would also allow young mothers to share their experiences with their children. Assistance can be given by center staff to help improve mother-child relationships when needed.

Incentives are sometimes used to encourage students to enroll in and complete coursework after the baby is born. Incentives might include high school credit, free child care, free toys, and free transportation. Some child development classes are able to include the participants' children in activities such as infant stimulation.

The competence students achieve in parenting has been found to positively affect other important areas of the adolescents' lives. Students who complete parenthood education classes after the birth of their children were found in one program to be more likely to stay in school, to avoid additional unplanned pregnancies, and to be successful in training for and finding jobs than students who did not enroll in the parenting classes.

General Education

In addition to the concepts outlined above, some programs include among their goals improving students' basic skills. They design programs which emphasize skills in reading, English, math, science, social studies. These goals are most likely found in comprehensive programs than in other programs.

Vocational Training and Employment

Developing employability skills helps pregnant and parenting adolescents to become independent and to avoid dependence on social agencies or their families for support. Instruction should include self-assessment, career awareness, job search, job interview, job success, career planning, and job advancement. Development of vocational skills also should be included whenever possible. Job placement is a service provided in some programs for pregnant and parenting adolescents.

Some programs have effectively involved employers in providing training opportunities for students. The program provides instruction to aid students in preparing for employment, developing proper attitudes and personal habits, and building technical skills. Instruction might include filling out applications, writing resumes, dressing appropriately for an interview, and performing satisfactorily during the interview. The instructional program can help adolescents formulate future career plans and help them decide how to achieve their goals. Courses should emphasize reliability on the job and good employer-employee communication. Counselors provide aptitude tests and job counseling. Employers interview students, provide on-site training, pay students for their work. After students are placed in jobs, instructors work with employers to ensure development of marketable skills. Development of employment skills often improves the adolescents' self-esteem.

Support Groups/Systems

The most important support system of pregnant and parenting adolescents is made up of their families, peers, and partners. Development of this natural support system is an important part of a program.

Peers. Other participants often become a primary source of support for the pregnant and parenting adolescent. These adolescents often feel isolated and different from other young people. The support provided by others who are sharing the same experience is an important part of program participation.

To tap this important resource, program planners should provide opportunities for students to exchange experiences, ideas, and resources. Opportunities can be provided through structured discussion groups and in more informal settings. Opportunities also can be provided through social activities.

Peer discussion and support can be especially helpful in learning to deal with challenging decisions and situations. Such support is an important resource for adolescents who have decided to relinquish their babies for adoption. It is also important for students whose families have rejected them because of their pregnancy. Together group members can help one another work through feelings of anger and guilt. They also can help each other learn ways to accept responsibility for their actions, learn to cope with the situation, and begin to pull their lives together again.

Peer support often continues after the adolescent's participation in the program ends. Friendships formed among program participants may be long-lasting.

Family. The adolescent's family is generally the main source of support. Family is often the source encouraging program participation. Family is an important source of encouragement for service utilization as well. Since many adolescents live with their families while they are pregnant, families often plan an important role in decision-making and planning for the future. Most important they can offer needed emotional support.

Program staff should do everything possible to strengthen the family's ability to provide positive support to the pregnant and parenting adolescent. Family support can be enhanced by

--Requesting a relative to accompany the adolescent to the initial interview.

--Providing opportunities for family members to become acquainted with the program and its staff.

--Visiting the adolescent's home to show concern for the family and to emphasize the program's recognition of the critical role the family has in helping the pregnant and parenting adolescent.

--Being available for conferences with families to discuss concerns and frustrations.

Some programs include support groups and activities for families. Others recruit them to work as volunteers for the school. These activities give families opportunities to discuss their concerns, frustrations, and anger regarding their adolescents' pregnancies and parenthood.

Adolescent Fathers. Adolescent fathers often represent an untapped source of support for the young women enrolled in the program. The young men are also parents, and often need some of the same services that are offered to the young mothers. Involving them can reduce the possibility of repeat pregnancies and help them to become responsible and caring parents.

Young men are not as difficult to reach as they once were. It is true that some are disinterested or unsupportive because of their own problems. Others, however, help their partners through pregnancy and become actively involved in caring for their children. Still others can be encouraged to become more supportive.

Program planners can encourage young fathers to become supportive to their partners and involved in the program. Young men can be enlisted by

--encouraging program visitation.

--providing programs on their legal and financial responsibilities and on emotional matters relating to their partners, baby, and their future.

--encouraging them to participate in childbirth classes and to coach their partners during labor and delivery.

--involving young men in discussions about adoption.

--making a special effort to make young men feel welcome and a part of the program.

--initiating individual staff contacts.

--encouraging the young man to assume a responsible role in supporting and nurturing his child whether or not he marries the child's mother.

--planning discussion groups for young fathers.

Counseling

Child Care

On-site child care should be provided. Availability of child care is an important factor in preventing young mothers from dropping out after the birth of their babies. It also allows the program staff to observe how the mother and child are interacting. For pregnant participants, the child care facilities serve as a learning center for their child development classes.

Transportation

Outreach

To be successful, a program must make its services visible, attractive, and accessible to those who need them. A variety of strategies may be used to capture and maintain adolescents' interest. To reach out successfully, the program must

1. Become known to and accepted by the community.

2. Identify and establish cooperative relationships with existing service agencies.

3. Provide practical services such as medical care, education, vocational training, job placement, and referrals for financial assistance and housing, to solve immediate problems. Offer additional services, such as individual and family counseling, once the participants have developed confidence in the concrete help they receive.

4. Provide back-up services such as transportation and on-site child care to facilitate use of basic services provided by the program.

5. Take into account the emotional makeup and usual circumstances of adolescents. In general, adolescents:

   --May find it hard to plan ahead

   --May be uncomfortable in unfamiliar settings

   --May lack the confidence or initiative to obtain answers to their questions.

   --Are involved in school, vocational programs, or jobs during the day.

   --Have little money of their own.

   --Are often dependent on their parents and worry about their approval or disapproval of their actions.

6. Provide activities geared to youth involvement and an inviting, useable, and supportive atmosphere.

7. Provide intervention at critical times such as when the young woman is beginning to deal with the reality of her pregnancy, when she begins to focus intently on child birth and preparation for the baby, during the perinatal period (immediately before, during, and after delivery), and when the adolescent parent is learning parenting skills to help them with through the difficulties of childrearing.

Sometimes even more direct outreach programs are needed to make sure that services are available to those who need them most. Some adolescents are not yet able to trust others to help them. Some lack the motivation or ability to help themselves. Some teens do not use services because they simply do not know about them. They may be homebound. They may find it difficulty to manage the agency system on their own. They may fear rejection if they apply for assistance. They may not understand how the program can help them. The adolescent may come from an unstable family situation. They may be dropouts or potential dropouts.

Special intervention efforts on the part of the program staff are necessary for these adolescents. Staff members must work outside the school system as well as within the school system to identify potential program participants. Home visitation may also be necessary to reach some pregnant and parenting adolescents. Follow-up by teachers or counselors is important to keep students actively participating in the program.

General Guidelines

Effective programs have several common characteristics which contribute to their success:

Comprehensive and Coordinated Services. Quality programs provide a full range of services either one roof or through a carefully coordinated system.

Provision of Multiple Opportunities. Students need basic education, job preparation, and parenting education to enable them to meet both current and future challenges in their lives.

Involvement of Significant Others. Successful programs involve the persons who are the primary influences in the pregnant and parenting adolescent's life. Support from the baby's father and from parents are important. Many successful programs offer services to adolescent fathers in the belief that they will assume greater responsibility if they are able to contribute financially to their child's well-being. The services, including educational, vocational, and support services, may be offered on the basis of need.

Flexibility. Responsive programs are essential since pregnant and parenting adolescents often have a history of poor attendance, weak academic skills, and little motivation to complete their educations. Programs which provide on-site child care help to encourage continued education. Programs should integrate career planning into family life and life skills curricula, peer group discussion topics, and counseling.

Individualization. Individualization is especially important in motivating students to learn. Some programs have effectively contracted with students to complete a specified amount of work in their own time. Others have found that integrating on-the-job training with academic instruction encouraged students to complete their educations.

Prevention. Programs that encourage responsible sexual behavior and that provide sutdents with incentives for the future through educational and job opportunities give students the tools they need to prevent unwanted pregnancies. Programs are more successful when they infolve parents and community groups in determining specific pregnancy prevention concepts to include.

Long-Term Support. Support should be available from the time the adolescent becomes pregnant through the first years of her child's life. Programs vary significantly in the length of time services are provided. Some allow the student to remain in the program only one full six weeks

period following the birth of her child. Others permit completion of the semester or even the school year. In some school districts, the adolescent continues to receive support at the home school after leaving the program. Support may be in the form of child care services, a special class on parenting, or counseling. Such support may be needed for several years to help sustain any progress the students have made and to help ensure their children's well-being.

Assertive Outreach. Outreach is essential to encourage the adolescent to participate in the program. Otherwise, adolescents who most need support may not receive any at all.

Positive Relationships. Good relationships with program participants play an important role in helping students work through the conflicts of adolescents, build self-esteem, and move toward independence. The program should be planned to be supportive of pregnant and parenting adolescents, to make them comfortable, and to allow them to use services easily. This requires considerable thought and planning by the program staff.

Optimistic Outlook. Effective programs maintain a positive outlook for pregnant and parenting adolescents and their children. They combine their positive approach with developing skills for overcoming the difficulties an adolescent parent faces.

CURRICULUM

Planning the curriculum for a program serving pregnant and parenting adolescents must take into account a variety of factors. One primary factor is that pregnant and parenting adolescents are dealing with not one, but two, sets of stresses. The first set of stresses is related to their development as an adolescent. The developing adolescent is undergoing dramatic physical changes, restructuring cognitive processes, and seeking an identity. At the same time, these adolescents are also dealing with the demands of pregnancy and parenting. Other factors which must be addressed in curriculum planning are related to the program itself. The type program and its philosophy and goals are important considerations. The location of the program within the school system affects curriculum planning. The types of participants affects curriculum decisions. The instructional team influences what can be included in the curriculum. Input from the advisory committee should be considered.

Goals

Programs for pregnant and parenting adolescents should be developed primarily to help students who continue their pregnancies, give birth to their children, and wish to continue their educations. The primary goal of the curriculum should be to help adolescents and their families understand how to have a healthy pregnancy, a safe delivery, and give their infants a good start in life. The curriculum should also deal with decisions young parents must make--continuing their educations, getting a job, dating, and marriage.

Many of the competencies needed by pregnant and parenting adolescents are competencies which are normally developed in consumer and homemaking education classes. These topics include self-awareness, interpersonal relationships,

parenting skills, child development and care, health care, nutrition during pregnancy and for infants and young children, maternity and children's clothing, techniques for managing dual roles, stress management, and career exploration. For the target audience, some of these topics need to be given greater emphasis or redirected to meet the specific needs of the students.

Content

Programs should contain information about prenatal care, labor and delivery, post-partum care, parenting skills, sexuality, and other subjects young mothers and fathers need to know. The major topics to be included in the curriculum for pregnant and parenting adolescents include the following:

Self-Awareness

Because of the adolescent parent's egocentrism and because of the need that all parents have to maintain a sense of self-identity as well as identity as a parent, it is important to incorporate classes early in the curriculum which address issues important to the adolescent as an individual. Instruction should help students develop a positive self-concept and self-esteem. It should increase their awareness of themselves and their understanding of others. It should aid them in establishing personal priorities for their lives.

Human Sexuality

The topic, human sexuality, might include instruction on physical development and human reproduction. It might also address influences on human sexuality and personal responsibilities for sexual activity. Information on sexually transmitted diseases may be needed by some students.

Pregnancy

Instruction regarding pregnancy should include both the cognitive and the affective objectives. Cognitive instruction should include the process of pregnancy, fetal development, maternal health, medical care, personal care, clothing, nutrition, prenatal exercise, common complaints and problems, and dangers to the unborn baby. Affective instruction should deal with feelings and thoughts about pregnancy, common misconceptions related to pregnancy and childbirth, body image, and emotions during pregnancy. Students will need to explore sources of advice, various options available to them, and the decisions they must make during pregnancy.

Labor and Delivery

Instruction should be provided regarding the process of labor and delivery. Pregnant adolescents need to learn how to prepare for labor and delivery, signs of labor, stages of labor and birth. They need information on hospital admission, medical procedures, breathing techniques, childbirth tools, postpartum care of mother and newborn, and postpartum exercises. They also need information on the physical and emotional changes which occur after delivery.

Child Care and Development

Because so many pregnant adolescents are choosing to keep their babies, the component of the curriculum centering on child development should provide young parents with basic information about child development and the child's health and safety needs. Instruction on care of the newborn should include information on common characteristics, abilities, behavior, emotional needs, health care, immunizations, safety, feeding, bathing and dressing, clothing, equipment and toys. It also should include information on procedures and emotions involved in relinquishing a child for adoption to meet the needs of students who choose not to keep their babies.

Information on the development of young children from infancy to age five is essential so that students will know what to expect of their growing children, an important factor in preventing child abuse. They need to address the issues of child safety, play, discipline, nutrition, and health care. Students need not only to learn to care for infants and young children themselves, but to select quality child care as well. Instruction on child development should encourage students to discuss varying viewpoints, to clarify myths and misinformation and to make informed decisions about child-rearing.

Parenting

The knowledge base provided by child development instruction should form the foundation for studying parenting. Students need information on options and decisions related to family planning. They need to identify responsibilities of parenthood and to prepare to assume those responsibilities. Their goal should be to achieve a healthy parent-child relationship.

Personal Relationships

Many students need to improve their skills for communicating with family and others. Students may need help in better relating to peers and to the community. Students also need help in developing and maintaining positive relationships with their present and future families. They need to consider their relationships with their children, the children's fathers, and with their children's grandparents.

Personal Management

Personal management is another important topic in programs for pregnant adolescents. Many students have had no previous exposure to the decision making process or to management techniques. They need to learn to manage their time, energy, and money to meet the increased demands of parenthood. Students also need to learn to effectively use community resources. Some students may need instruction in basic homemaking skills including housekeeping, food preparation, and clothing care. Because pregnant adolescents are in very stressful situations, learning to manage stress is also important.

Adaptations

The curriculum for pregnant and parenting teens is dependent on the type program. Programs which serve only pregnant females prior to delivery and shortly afterward will not be able to cover as many objectives as more compre-

hensive programs. Factors which affect the types and numbers of objectives included in the curriculum are:

1) period of enrollment during pregnancy
2) length of enrollment following delivery
3) location of program
   a) in separate facility
   b) in regular school
   c) in community center
4) inclusion of support persons in program
   a) adolescent father of child
   b) families of parenting adolescents
5) philosophy of program
6) services included in program
   a) health care
   b) counseling
   c) social services
   d) child care
   e) transportation
7) interagency cooperation

The curriculum must be first tailored to fit the type program and its goals, then to the needs of the specific group. Some material may be covered in most programs. Inclusion of other material may depend upon program goals, the time available, and the needs of the students. Some material may not be covered at all with a specific group except in response to specific questions from students. Each teacher must assess the group's needs, concerns, and readiness for the information presented. Technical medical (including nutritional) information may be handled individually by the girl's own doctor or clinic. Because medical opinions vary, it is important that each expectant mother receive consistent advice from her own doctor regarding any specific health questions she may have about herself or her baby.

Classroom Atmosphere

The setting in which instruction occurs is important in establishing rapport with the pregnant and parenting adolescent and with their families. A relaxed nonthreatening atmosphere facilitates group interaction. In striving to create a relaxed, nonthreatening atmosphere, the teacher should be personable, nonjudgmental, nonauthoritarian, and show support and empathy toward each participant.

The following guidelines are useful in putting the adolescent at ease and in facilitating open communication:

* Choose a physical setting with comfortable chairs, attractive decor, and privacy.

* Ensure students that their privacy will be maintained throughout their enrollment in the class.

* Plan introductory teaching strategies which help students to relax and to develop trust and open lines of communication.

* Show concern for each adolescent as a person. Ask the adolescent non-threatening questions about interests and extracurricular activities.

* Explore with the adolescent present concerns and adapt teaching strategies accordingly.

* Ask open-ended questions to draw out the adolescent. For example, ask, "How easy will it be for you to do the exercises that we discussed?" rather than..."Do you think you can do these exercises?"

* Provide an anonymous question box to encourage students to ask questions that they might be embarrassed to ask in front of class members.

* Use active listening skills. Periodically, you may want to repeat or paraphrase the adolescent's statements to show that you are understanding and listening.

* Translate ideas and words to fit the adolescent's lifestyle.

Special Teacher Skills

One technique which can help to ensure readiness of the teacher to work with a group of pregnant and parenting adolescents is the use of a self-evaluation checklist. The checklist at the end of this chapter deals with general issues related to working with such groups:

Teaching Strategies

Teaching strategies should address both the cognitive and affective needs of the parenting adolescent. Some activities should be appropriate for use in a group or class setting. Others should be geared more to the individual learner. A variety of strategies should be used. Learning takes place through the various senses. For this reason it is most effective to include verbal, auditory, visual, and tactile experiences to facilitate learning.

Techniques which actively involve the student and invite participation conform the adolescent's need for an active role in learning. The techniques of class discussion, role playing, family diagrams, biographical scripts, guest speakers, and practice exercises successfully cultivate student participation.

Lecturing. In covering information about childbearing, some information may be presented to the adolescents in fact-giving lectures. These, however, must be brief. Fifteen to twenty minutes is a reasonable time limit for a lecture. Interest in the lecture can be enhanced through the use of visual aids.

Questioning. Questioning reduces the burden on students to participate in class. Asking questions and encouraging students to ask questions helps to determine their interests, their concerns, and their needs. Students' questions and answers are especially useful in determining the emphasis to be placed on course content. Some student questions require factual answers by the teacher. Others can be used to spark class discussion.

If students are reluctant to ask questions, several techniques may be helpful. Use a question box and encourage students to place their questions in the box. If students hesitate to ask questions for fear of appearing ignorant or silly, encourage them to recall misconceptions they have had in the past.

Occasionally, the teacher may get questions that are meant to be shocking. This is adolescent testing. The teacher who tries to ignore the question, loses some credibility with the class. If a student poses a question the teacher cannot answer, an appropriate response might be "Well, I don't really have an answer for that. What does the group think...?" or a promise to obtain the information and report back or a suggestion that the student obtain the information and report back.

Class Discussion. Class participants need the opportunity to talk. In small groups, discussion often occurs spontaneously during a presentation of information. In large groups, class members may not feel free to speak up. Questions related to class content can be posed to the group to stimulate class discussion. The best discussion topics and questions are usually those generated by class members. Although unplanned discussions may complicate logical progression through material or necessitate schedule changes, they are excellent indications that the class is meeting important student needs.

An advantage of class discussion is that it is personal and non-verbal cues can be picked up. The teacher may notice listlessness that may be a sign of disinterest, embarrassment, lack of understanding, fatigue, depression, or anxiety. The teacher may note surprise or confusion. The teacher may observe fidgeting which is a sign that it is time for a change in topic, approach, or a break. Because non-verbal communication can be misread, it is important to confirm, where possible, by direct verbal communication. For instance, not meeting the teacher's eyes can be a signal that little communication is going on and that attention is elsewhere. It can also be a defense against letting anyone know how desperately frightened and needy a class member is.

Small Group Activities. If the group is large, breaking it into several smaller groups facilitates group discussion and interaction. Students who might not speak up in a large group are more likely to participate. In addition, small group activities often make better use of class time. The teacher can move from group to group to see that discussions remain on target and to answer questions.

Role Playing. Role playing provides an opportunity for the students to explore their difficult roles as children and as parents. Role play can help them identify and discuss the relationships between their behavior as developing individuals and as functioning parents.

Role playing has important implications for the adolescent parent's emotional and social development. It can enhance the adolescent's communication skills and facilitate interpersonal empathy. By assuming different roles, the individual is provided with an opportunity to experiment with various social roles and viewpoints. Self-expression and reflection are enhanced. Because role playing requires expressing one's feelings, listening and responding to those of another, the process helps the adolescent learn to identify and distinguish personal feelings from those of another. The role playing technique can also help the young mother learn to distinguish her responses from those of her baby.

The process involved in role taking teaches students to consider alternative ways of thinking and behaving. The student learns to consider the thoughts and feelings of others as well as her or his own in the process of resolving difficult interpersonal situations. It facilitates development of reasoning and communication skills.

Biographical Scripts. Biographical scripts provide a concrete way to present sophisticated issues related to personal and family development. These scripts promote the student's identification with the fictitious character and situation and thus facilitate discussion. Biographical scripts are particularly useful in presenting such abstract subjects as family relationships and children's emotional needs. They provide concrete ways for students to examine broad content areas. The scripts serve the dual purpose of facilitating discussion of personal experiences and promoting the formulation of abstract principles of behavior. Biographical scripts provide psychological distance from emotionally charged experiences. This in turn lessens students' discomfort with the discussion of personal issues. The technique enhances the students' ability to identify their feelings, listen to the feelings of others, and exercise problem solving abilities. General principles can be derived through discussion and analysis of personal responses.

Family Diagrams. Family diagrams can be used to graphically illustrate social and psychological aspects of family development. Students begin by diagramming their own families. Next they identify significant intrafamilial relationships for themselves and for their babies. From their personal experience they can discuss and generalize about the social, emotional and biological aspects of the family unit.

Triadic relationships between family members can be conceptualized as a triangle. Each point represents a family member. Connecting lines represent the "emotional distance" or "closeness" between family members. An equidistant triangle represents the "ideal" triadic constellation. Students can draw sets of triadic relationships such as the following: student-mother, father of child, and child; grandmother, student-mother, and child; or student-mother, father of child, and grandmother. The possible variations of these relationships is endless. The diagrams can be used to illustrate changes that occur in relationships over time.

Such conceptual drawings greatly facilitate discussion. Students can quickly identify the various changes they have experienced within their relationships over time. They can discuss factors that may have facilitated or inhibited the emotional intimacy they desire. They can discuss ways they might work toward achieving a closer relationship with either their boyfriends, their babies, or their mothers. They can discuss the diagrams from the viewpoint of their children.

Guest Speakers. Guest speakers can be valuable resources. Be cautious, however, in selecting guest speakers. Whenever possible, interview the speaker before the class presentation. In the interview, try to ensure the following:

1) That the guest is able to speak in the language that adolescents understand. If the speaker uses terminology that is above the level of students' understanding, the time will be wasted. On the other hand, avoid the speaker who considers adolescents to be children and speaks too simply.

2) The person's values related to teenage pregnancy. If you sense strong biases or feel for any reason that the person's approach is inappropriate, it is best to look elsewhere. Be particularly careful when inviting guests to speak on sensitive or controversial topics such as birth control, breast feeding, drugs, childbirth approaches, etc. A closed-minded individual may be insensitive to other alternatives and viewpoints. A narrow approach can result in confusion, anger, and/or guilt in the students.

Practice Exercises. Many opportunities exist when working with pregnant and parenting adolescents for practicing the skills being taught. Practicing childbirth exercises and breathing techniques help prepare the pregnant adolescent for labor and delivery. Practice sessions related to infant care might include feeding, bathing, and dressing. A variety of communications exercises can help students better understand both themselves and others.

Instructional Materials

The bibliography lists instructional materials appropriate for specific topics to be included in the curriculum. In addition, several curriculum guides are available which can be used as bases for curriculum development.

When selecting instructional materials, the teacher should review the materials before utilizing them to be certain that the contents are suitable for specific students. Adaptations may be needed for students contemplating abortion, planning to relinquish their babies for adoption, or who are already separated from their babies.

Printed Material. The Resources section of this handbook provides a list of printed materials available for use with students enrolled in programs serving pregnant and parenting adolescents. Some of these materials may need to be adapted to fit the reading abilities of individual students. Textbooks, curriculum guides, and other printed materials used in teaching consumer and homemaking education classes also provide useful materials for programs serving pregnant and parenting adolescents.

Charts, Illustrations, Transparencies, and Handouts. Charts, illustrations, and handouts are available from a variety of sources. Brightly colored charts and posters are available from commercial sources. Many curriculum guides include charts, illustrations, and information sheets that are suitable for reproduction. These may be reproduced for use as transparencies, study sheets, or transparencies. They may be enlarged to make posters, flip charts, and bulletin boards. Sources of these materials are given in The Resources section of this handbook.

Audio-Visual Materials. Audio-visual materials serve a number of purposes, and if selected carefully, can greatly facilitate learning and provide supplemental instruction. Next to real life experiences they are the most intriguing and involving aids available. Students usually enjoy audiovisuals and may find the information easier to grasp and more meaningful when visually presented.

When selecting audio-visuals several guidelines should be observed:

1) Avoid materials that are outdated or have a phony approach to the topic.

2) Avoid materials with language that is too technical or which picture "old-fashioned" clothes or hairstyles.

3) Consider whether the materials are culturally relevant to your students.

A variety of audio-visual materials are listed in The Resources section at the end of this guide. The audio-visual materials are listed alphabetically by type (films, filmstrips, cassettes, etc.) Most are available free or for a rental fee. Since purchasing audio-visuals can be quite expensive, be sure to explore local community agencies, hospitals, state department of education, clinics, and March of Dimes chapters to find out what may be available for loan. A list of sources of inexpensive and/or free materials is also included in The Resources section.

Three Dimensional Aids. Aids which class participants can touch and feel add an important dimension to instruction. Three dimensional aids available for teaching pregnant and parenting adolescents include models of a baby, the pelvis, the uterus, and of cervical dilation.

Suggestions for Use

1. Select or develop curriculum materials to be used for each program course or service. Suggestions are provided in the resource list at the end of this guide.

2. Evaluate your readiness to work with pregnant and parenting adolescents by completing the following checklist:

SELF-EVALUATION CHECKLIST

Yes	No	Issue
___	___	1. Do I have a good self-image?
___	___	2. Am I enthusiastic and friendly?
___	___	3. Do I have a sense of humor?
___	___	4. Am I patient?
___	___	5. Am I honest?
___	___	6. Am I tactful?
___	___	7. Am I able to openly discuss the personal decisions and responsibilities involved in parenting?
___	___	8. Am I able to discuss the physical and medical aspects of pregnancy without embarrassment or discomfort?
___	___	9. Am I aware of my own values, feelings, and beliefs about all aspects of life?

___ ___ 10. Am I able to accept students whose values, feelings, beliefs, and lifestyles are different from my own?

___ ___ 11. Am I able to view the pregnant and parenting adolescent objectively without judging?

___ ___ 12. Am I able to avoid imposing my personal values on others?

___ ___ 13. Can I refrain from giving advice?

___ ___ 14. Am I understanding, compassionate, and empathetic?

___ ___ 15. Am I able to see opportunities for personal growth resulting from adolescent pregnancy as well as its problems and responsibilities?

___ ___ 16. Can I be available and concerned without becoming emotionally involved?

___ ___ 17. Do I have good communication skills?

___ ___ 18. Am I able to put others at ease and make them feel comfortable?

___ ___ 19. Can I communicate information simply and concisely, and in a well-organized form?

___ ___ 20. Am I flexible enough to adapt instruction to meet individual needs?

EVALUATION

One of the most frequently cited needs in programs for pregnant and parenting adolescents is good program evaluation. Few programs report evaluation to be an integral part of planning or assessment of program results. Without knowledge of the impact of these, it will become increasingly difficult to continue to obtain funds for future implementation and development. It is also necessary to improve existing programs using evidence of the program's accomplishments, as well as the developing and changing needs of the population being served.

Evaluation of programs that provide complex human services is always difficult. Added difficulties arise because of the sensitive nature of the problems faced by pregnant and parenting adolescents, the controversialism of issues surrounding adolescence, and the many ethical issues posed by the nature of the problem. However, despite these difficulties, evaluation should be a vital and integral part of any program regardless of the size, scope, or numbers of students served.

Program evaluation can be designed to serve three basic purposes:

* Assess needs

* Evaluate specific program objectives

* Show evidence of program outcomes.

Needs assessment was described in Program Planning. Periodic needs assessments should be conducted in existing programs to determine whether there have been changes in the target audience and its needs and to assess the validity of program goals and objectives.

Process evaluation of specific program objectives can be provide information about the nature of the services provided and specific results of the program components. For example, if the program proposes to provide X services to X numbers of clients, then records verifying actual services rendered should be established and kept up-to-date. Specific results of knowledge, attitude, and behavior changes by program participants also may be measured as a part of process evaluation. For instance, knowledge levels of adolescent mothers about necessary pre- and post-natal health practices might be measured in order to ascertain if specific program objectives are being accomplished.

Program outcomes or product evaluation should also be designed for programs regardless of size or scope. While process evaluation techniques are used to measure specific program results, outcomes of the total program should be validated. Evaluation of total program success can include determination of the extent of services delivered, evidence of maternal and child health status of participants, or data showing reduction in school drop-out rates and repeat pregnancies. This information is especially useful when justifying program continuation or expansion.

Evaluating Program Objectives

Showing evidence of achievement related to each overall program objective is useful in making daily decisions about what should be taught, what specific services should be offered, and/or what specific audiences should be served. For example, all programs need information about each potential

participant--who they are, their age, address and telephone number, what their school status is, information about their health status, community services currently being used, etc. This biographical information is a vital and basic part of records kept about program participants and their needs.

Other information to be gathered from participants that is related to evaluation of specific program objectives might include the following:

* parenting knowledge, skills, and attitude levels

* vocational aptitudes/interests

* maternal and child health knowledge, skills and attitudes

* self-knowledge and self-esteem measures

* nutritional knowledge, attitudes and practices

* community services used

* reports filed by counselors, psychologists

* evaluation by participants of specific program activities, classes, etc.

Basically, the information to be gathered that is a part of the evaluation of specific program objectives falls into two categories: (1) personal or biological information about participants and (2) instructional information about performance of participants.

Personal Information about Participants

When developing criteria for classes and services to be offered or coordinated, the needs, interests, and abilities of participants should be carefully considered. The overall objectives would probably not change, but the amount of time, resources, and personnel devoted to reaching the objective might vary depending upon students' needs.

For example, suppose that the majority of students entering your program have a need for part-time employment in order to fulfill their personal objectives. If this is true, then program resources should be devoted to placing students in part-time jobs in order to help them achieve their goals and the overall program objective which might be to help students to become more financially independent.

Also, based upon pre-testing of students' knowledge of parenting skills, it is known that a majority do not have a good understanding of practices that foster infant development. Then parenting classes might focus on providing both classroom and laboratory experiences to help students develop higher levels of knowledge and skills related to how parents can help children grow and develop.

Students' needs, interests, abilities and future goals can be identified in a number of ways. Administering standardized tests, reviewing cummulative records, and discussing future goals with students are good ways to collect information that would give direction to program planning on a day-to-day basis.

Instructional Information about Participants' Performance

Information about the performance of students in the program is directly applicable to what should be taught and how it should be presented. Ideally, each segment of the program will be organized around a specific set of student performance skills or competencies. For example, if one set of objectives is designed around knowledge of the ways the unborn baby develops, then post-evaluation techniques should measure exactly what students know about the development of the fetus, nutritional habits associated with the development of a healthy fetus, effects of smoking and alcohol on the fetus, etc. Specific results of teaching might also be measured by looking at student behavior regarding the health and nutritional practices followed during pregnancy.

Therefore, on-going evaluation should include evidence that program objectives are based upon student needs, interests, and abilities. This includes records that validate particular needs. Evaluation of specific program objectives should also include specific evidence of student performance associated with specific program objectives.

Validating Program Outcomes

Overall program evaluation should address the question--Did a change occur as a result of the program implemented? Or, more specifically, is the rate of repeat pregnancy among participants lower? Are a majority of the students more financially stable? Or, is the health of infants and children of program participants better than the health of a similar population not served by the program?

The overall program evaluation plan should be formulated cooperatively by the program staff, the advisory committee, and possibly representatives of the program participants themselves. However, in most cases, the basic plan will have to be devised by the program staff and presented for approval to the advisory committee and school administration. A typical evaluation plan might include:

- Description of the problem addressed by the program
- Statement of philosophy and evaluation of the evaluation efforts
- Responsibilities of the staff and advisory committee related to the evaluation plan
- Evaluation activities to be conducted
- Budget for items and estimates of cost of evaluation
- Schedule of evaluation activities
- Reporting procedures
- Plans for implementing changes determined necessary.

A final report of findings and conclusions can serve several functions: (1) it serves as a way to communicate the findings, conclusions, and recom-

mendations; (2) it provides an opportunity for interested persons to review program results and recommend future action based upon the findings.

The report should address some or all of the following questions:

Were changes in parenting knowledge, attitudes, and skills of adolescent participants found to be a result of the program?

Were participants' expectations met through program activities?

Did the program reach and serve a significant percentage of the population of pregnant and parenting adolescents in the defined community?

Can and should the program be maintained at the current level implementing the same objectives?

Does the program have broad-based community support and participation?

What effects has the program had on numbers of repeat pregnancies?

Has the program been successful in helping students continue their educations?

Has the program been effective in helping students develop long-term vocational and employability skills?

Has the overall health and basic life skills of participants and their children increased to a level acceptable to the community?

Summary

The evaluation component of any program of education and services to young pregnant and parenting adolescents is a vital part of the total program effort. The total evaluation program should include the following components:

needs assessment

process evaluation

product or overall program evaluation.

The evaluation should be based upon the program objectives. Involvement of all segments of the school, community, and population served is vital to the success of the evaluation plan. And lastly, findings of the evaluation effort should be used to develop further programs and services to the target population.

Suggestions for Use

The following survey instruments could be used or adapted to evaluate program outcomes. Select those measures that reflect original program goals and objectives.

Set up evaluation strategy before program is implemented. Evaluate frequently, compile final reports, and make changes as necessary.

Survey of Biological Information about Program Participants

Dear Student:

We need to know something about you. Please answer the following questions. All information is kept confidential.

Your Name_____

Your Birthdate_____ (Check One)____Male____Female

Your Address_____Zip Code_____

Your Telephone Number_____

Are you in school? _____Yes_____No

Name of school you are enrolled in _____

Or Last Attended_____

Grade you are in? (Circle One) 6 7 8 9 10 11 12

Other (please describe)_____

What are your future school plans?_____

With whom do you live? (Check all appropriate persons)

_____Mother _____Father _____Brother (How many?_____Ages?_____)

_____Grandmother/Grandfather _____Sister (How many?_____Ages?_____)

_____Aunt/Uncle _____Other (Specify)_____

What is your ethnic background? (Check one)

_____Black _____Hispanic _____White _____Oriental

_____Other (Specify)_____

Are you pregnant? _____Yes _____No

Are you a parent? _____Yes _____No

If yes, how many children?_____

Are you working now? _____Yes _____No

If yes, what do you do?_____

How long have you had this job?_____

Where do you work?_____Number of Hours weekly?_____

What are your plans for this year? (Check all that you plan to do.)

_____Get a job

_____Finish school

_____Care for my child or children

_____Get married

_____Other plans (Please describe.)_____

_____

What courses have you had in school besides your basic education courses? (Please check all you have taken or are now taking.)

_____Child Development

_____Family Living

_____Consumer Education

_____Parenting class

_____Homemaking I

_____Homemaking II

_____Homemaking III

_____Others that taught you skills you need as a parent (Please name.)

_____

What help or services do you feel you need? (Please check all that you need and how important your need is.)

Needs	How important is this to you? Very Important	Somewhat Important	Of Little Importance
_____Complete school			
_____Tutoring to complete school			
_____Financial help			
_____Housing			

_____Food

_____Clothing for me

_____Clothing for child(ren)

_____Job counseling

_____Personal counseling

_____Medical help

_____Parenting information

_____Transportation

_____Child care

_____Family counseling

_____Birth control information

_____Other (Please name.)

_____

_____

_____

Other information that you would like us to know._____

_____

_____

COMMUNITY RESOURCES

A variety of services are available to pregnant and parenting teens through existing community resources. However, teens often need assistance in locating and using these resources effectively. Following is a list of community resources available to persons in every community. These resources are provided through federal legislation and administered by federal and state government agencies.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
200 Independence Avenue, SW
Washington, DC 20201

The Department of Health and Human Services administers programs that offer financial assistance, social services, and medical aid to eligible families and children. It also provided public information and education. The four major components of the Department are the Office of Human Development Services, Social Security Administration, Public Health Service, and Health Care Financing Administration.

U.S. DEPARTMENT OF AGRICULTURE (USDA)
FOOD AND NUTRITION SERVICES
500 12th St., SW
Washington, DC 20250

The USDA Food and Nutrition Services administers several programs designed to improve the nutrition of children, and particularly those who come from low-income families. The programs include food stamps, commodity distribution, food distribution, national school breakfast and lunch, child care food, special milk program for children, summer food service for children, special supplemental food program for women, infants, and children, and the extension service.

U.S. DEPARTMENT OF LABOR (DOL)
EMPLOYMENT AND TRAINING ADMINISTRATION
601 D St., NW
Washington, DC 20213

The purpose of the Department of Labor is to foster, promote, and develop the welfare of wage earners of the U.S., to improve their employment. The Department administers more than 130 Federal labor laws guaranteeing workers' rights to safe and healthful working conditions, a minimum hourly wage and overtime pat, freedom from employment discrimination, unemployment insurance, and worker's compensation. The Department also protects workers' jobs and works to strengthen free collective bargaining. The Department assists people who need jobs and tries to meet the unique job market problems of youth, women, and other groups.

More specifically, the Department is charged with these tasks: (1) the operation of employment service programs to help an individual to assess and develop his or her capacities, talents, and skills and to obtain employment which will best utilize them; and to furnish all employers with competent employees and appropriate personnel services; (2) the operation of an unemployment insurance program which will assist the justifiably unemployed in

periods of economic difficulty and which will cushion a community's economy from the detrimental effects of extensive unemployment; and (3) the development of labor market information and other data which will form the basis for a valid assessment of manpower problems and be of value in the promotion of overall economic stability.

The Department's expertise includes: computerized job bank, recruitment and technical services for employers, skill and aptitude testing, counseling and job placement, employability planning, linkages with other agencies, cost accounting by program, labor market information, special employment and training, job-seeking classes, on-the-job subcontracts, referrals for supportive services, inter-agency planning, management information systems, pilot projects, and special employment and training services. Special services are available for the economically disadvantaged, handicapped workers, veterans, migrant and seasonal farmworkers, youth, older workers, and dislocated workers.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)
451 Seventh St., SW
Washington, DC 20410

The Department of Housing and Urban Development is the principal Federal agency responsible for programs concerned with housing needs, fair housing opportunities, and improving and developing the Nation's communities. To carry out its overall purpose of assisting the sound development of our communities, HUD administers mortgage insurance programs that help families to become home owners; a rental subsidy program for lower income families who otherwise could not afford decent housing; antidiscrimination in housing activities; all programs that aid neighborhood rehabilitation and the preservation of our urban centers from blight and decay. HUD also protects the home buyer in the marketplace and fosters programs that stimulate the guide the housing industry to provide not only housing but a suitable living environment.

Together, the U.S. Department of Health and Human Services, the U.S. Department of Agriculture, the U.S. Department of Labor, and the U.S. Department of Housing and Urban Development provide a variety of services needed by pregnant and parenting teens. The major services supplied in the areas of financial assistance, social services, medical aid, public information and education, nutrition, employment, housing, and services to runaway youth are described below.

FINANCIAL ASSISTANCE

Financial assistance programs are administered by the Department of Health and Human Services. These services include aid to families with dependent children and child support enforcement.

Aid to Families with Dependent Children (AFDC) provides financial assistance to low-income families with children who are deprived of normal support because of the death, absence or disability of at least the remaining parent or relative in behalf of the child. The amount given is determined by the amount of family income, the size of the family, and the amount of state funds currently available. AFDC recipients are entitled to receive all other available financial, social, and medical services provided through the Department of Health and Human Services. When people speak of "welfare," they are generally referring to AFDC payments.

Child Support Enforcement provides paternity determination, child support collection, and location of absent parents. These services are available to all eligible AFDC recipients through the Department of Health and Human Services, and to any individual upon application and payment of a nominal fee. The right to collect child support payments must be signed over to the State.

SOCIAL SERVICES

A variety of social services are administered by the Department of Health and Human Services. These services include day care services for children, child protective services, foster care, adoptive services, and other social services.

Day Care Services for Children are purchased by the Department of Health and Human Services to assist AFDC and WIN program participants who need to acquire employment or job training or who are physically or mentally incapable of caring for their children. Services may be provided in either the child's home or a day care center, as long as the facility meets minimum licensing requirements. All other persons, although ineligible for purchased services, may still contact the Day Care division for information about alternate sources and quality of day care services available.

Child Protective Services provided by the Department of Health and Human Services are for any child in need of protection. In some cases, it may be no one's fault that the child is in danger--it may be, for instance, that both parents are hurt and unable to care for the child. But there are also cases where the child has been physically or emotionally abused or neglected.

By law, the Department must give protection to any child who has been abused or neglected. Each State Department of Human Services maintains a child abuse report system, where each reported case of child abuse or neglect is kept on file, so that a worker or court can have ready reference to any prior history of child abuse or neglect. The Department also operates a Child Abuse Hotline where anyone from across the state can report abuse or neglect, day or night.

When abuse or neglect comes to the attention of anyone of the local offices of the Department of Human Services, an investigation is promptly made. If investigation reveals that action is warranted, the first concern is the child, and the office devotes its attention to the remedy of whatever threat exists to the child's safety, health, or well-being.

Every effort is made to preserve or restore the child's family and home. If possible, the child will remain at home while a professional helps parents to recognize and remedy home conditions that are harmful to the child. They are informed of and encouraged to use relatives and community resources to provide adequate care for the child. Only in cases where the child's home situation is dangerous does the Department go through legal proceedings to obtain conservatorship of the child and place the child elsewhere (typically in a foster home).

Foster Care may be provided by the Department of Health and Human Services when a child must be removed from the home for protection. Court and legal proceedings are necessary. The Department recruits, studies, and certifies foster homes as meeting State licensing standards. The Department places the child in the type of facility which will best meet the individual child's needs and makes supervisory visits to maintain the placement and help the child benefit from placement. Unless the parent-child relationship has been terminated by the court, the Department works with the parents to stabilize the home. When foster care is to be ended, the Department helps prepare the child for return to the home or for placement with a relative, or in an adoptive home or in another appropriate setting.

Adoptive Services are provided for any children who are made legally available for adoptive placement by a District Court. Most frequently these are hard-to-place children, such as those who have been neglected, abused, or abandoned. The Department screens applicants who wish to adopt children, and conducts interviews and home visits.

Other Social Services include employment and job training, home management, housing, and consumer education.

MEDICAL AID

The Department of Health and Human Services administers most of its medical services through the Social Security Medicaid Program. Other medical services include public health; maternal and child health; child health; early and periodic screening, diagnosis, and treatment; maternity services, family planning, nutrition services; communicable disease control; and vital statistics.

Through Medicaid, money from federal and state sources help pay costs of medical bills for the needy. Medicaid pays physician's fees, hospital expenses, some dental care for children, prescription drugs, and certain other related expenses. Payments are made directly to the medical providers (doctors, hospitals, pharmacies), not to the people themselves. All AFDC recipients are automatically eligible for Medicaid.

The mission of the Public Health Service of the Department of Health and Human Services is to promote and assure the highest level of health attainable for every individual and family in America, and to help communities find the best ways of meeting their health needs. Primary concerns are for the development of health service delivery capacity for medically underserved areas or population groups. The services of physicians, nurses, and laboratory technicians are augmented on the contemporary public health team by dentists, nutritionists, social workers, public health educators, community service aides, and outreach workers. The focus of their services is on health maintenance and prevention rather than treatment of illness. Eligibility requirements, such as income, age, marital status, consent of spouse or parents, and residence vary greatly from locality to locality because each local health department sets its own policies; however, most of the clients are unable to pay medical expenses.

The Bureau of Maternal and Child Health serves the health needs of children and women of child-bearing age. The bureau provides child health services; early and periodic screening, diagnosis, and treatment; maternity services; family planning; and nutrition services.

Child Health Services extend from birth to 21 years of age; however, most patients served are under 6 years of age. Services include: history; physical examinations; laboratory tests; immunizations; developmental assessments; and screening for tuberculosis, anemia, phenylketonuria (PKU), sickle cell disease, lead poisoning, and impairment of vision and hearing. Developmental assessments and screening are done both by nurses and physicians. Parent contacts are considered to be opportunities for anticipatory guidance regarding normal growth and developmental needs in relation to child care and family health practices. Referral and follow-up are used when developmental delays, impairments, or disease are detected.

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program guarantees that all AFDC children are eligible for health services, including comprehensive medical screening and diagnosis, with referral to private physicians or to public health facilities when treatment is necessary. The social service staff stays in close communication with medical personnel to insure that appropriate medical care is received and all barriers to use of services, such as child care or transportation, are removed. Follow-up is a key ingredient in this program.

Maternity Services include: antepartum (before birth) and postpartum (after birth) care, but not obstetrical delivery; the taking of medical and obstetrical histories; complete physical examinations; laboratory tests; group teaching and individual, anticipatory guidance regarding pregnancy, child-

birth, and infant care. The emphasis is on maintenance of normal pregnancy leading to an uncomplicated delivery of a full-term, normal, healthy infant. Periodic assessments assure early detection of possible complications with referral and follow-up as needed. The focus is on the patient as a family member.

Family Planning is the voluntary regulation of fertility to assure that each pregnancy occurs during optimal conditions for the mother and infant. Department workers inform clients of available family planning services free of cost to them. Private physicians, hospitals, and agency clinics provide the services and are reimbursed through Medicaid or the State Department of Human Services. Services may include counseling, physical examinations, laboratory tests, drug prescriptions and contraceptives, inpatient and outpatient surgery (sterilization and abortion), and treatment of infertility and other complications of family planning. Family planning services are available to many people who need and ask for them, not just AFDC recipients. People who want to be able to choose if and when to have a baby may get birth control information, counseling, and related medical services. All clients are given their choice of providers and contraceptive methods.

Nutrition Services are an integral part of comprehensive health care in maternal and child health programs. Family planning, maternity and child health clinics, and programs serving teenage parents are examples of where nutrition counseling and education is provided. The Department of Health cooperates with the Department of Agriculture to provide a Special Supplemental Food Program for Women, Infants, and Children (commonly known as WIC).

The Bureau of Communicable Disease Control is responsible for preventing the incidence and spread of contagious diseases. The Immunization Division works with the schools to insure immunization of school-age children and preschoolers enrolled in day care centers. Using birth certificates to locate newborn infants, the Public Health Service reminds parents about the need for immunizations and makes follow-up inquiries on all infants who remain unimmunized. Parents are encouraged to take their children to a family physician or to a local public health clinic for immunizations. The Venereal Disease Division offers comprehensive medical, nursing, educational, and follow-up services for VD patients; support and maintenance of convenient VD clinics; diagnostic, therapeutic, consultative, and laboratory services for public and private agencies offering medical services to VD patients; morbidity reporting and control systems to insure location of diseased contacts; and education efforts to communicate venereal disease information to people at risk.

The Bureau of Vital Statistics maintains records of births, deaths, illnesses, marriages, and divorces. Statistical analyses are carried out to determine what kinds of problems occur most often, where new facilities are needed, and other information concerning the improvement of community life.

PUBLIC INFORMATION AND EDUCATION

The Department of Health and Human Services publishes a wide variety of printed and audiovisual materials relevant to health and human development for free distribution to schools, businesses, agencies, community leaders, and other interested individuals. Special assistance is also available to communities planning health fairs or public awareness campaigns.

Nutrition

The U.S. Department of Agriculture, Food and Nutrition Services, administers several nutrition programs. These programs include food stamps, commodity distribution, food distribution, national school breakfast and lunch, child care food, special milk for children, summer food service for children, special supplemental food for women, infants, and children, and the expanded nutrition program which is conducted by the Extension Service.

The Food Stamps Program is administered by the Department of Agriculture in cooperation with local offices of the Department of Health and Human Services. Eligible participants pay a sum of money - the amount based on family size and monthly income - and receive a larger value of food stamps, which can be spent like money in participating grocery stores.

The Commodity Distribution Program provides supplemental foods to infants and children and to pregnant, postpartum, and breastfeeding women with low incomes who are vulnerable to malnutrition and reside in approved project areas. The Department purchases surplus foods for distribution through State non-profit agencies.

The Food Distribution Program makes foods available in-kind, to eligible recipients. Foods purchased by the Department are made available to children in school lunch and breakfast programs, in summer camps, and child care centers, and to the nutrition program for the elderly.

The National School Breakfast and Lunch Program provides financial assistance to public and nonprofit private schools of high school grade and under for help in improving the diets of needy children who may receive meals free or at reduced prices.

The Child Care Food Program is a companion activity that helps to get nutritious meals to preschool and school-aged children in child care facilities.

The Special Milk Program for Children is designed to help child nutrition by paying a share of the cost of increased servings of fluid milk made to children.

Summer Food Service for Children helps to get nutritious meals to needy preschool and school-aged children in recreation centers summer camps, or during vacations in areas operating under a continuous school calendar. Any nonresidential public or private nonprofit institution or residential summer camp is eligible if it develops a summer food program for children in low-income areas. All meals served are free.

Special Supplemental Food for Women, Infants, and Children (WIC) is a cooperative program between the Department of Agriculture and the Bureau of Maternal and Child Health of the Public Agriculture and the Bureau of Maternal and Child Health of the Public Health Service which provides specified nutritious supplements to pregnant and nursing women up to 6 months postpartum, and to children up to 5 years of age. Participants are determined by competent professionals (physicians, nutritionists, nurses, and other health officials)

to be health risks because of inadequate nutrition and low income. Food is made available to the participants by a voucher system. The local agency individually certifies persons participating in the program and issues them vouchers for specified foods meeting the criteria set out in the WIC Program Regulations. The participants exchange the vouchers for food at participating grocers or milk companies, who in turn send them to the Department of Health for reimbursement.

The Extension Service is authorized by law to conduct statewide educational programs in agriculture and home economics. County Extension agents design programs based on specific problems identified by the community. In addition to the regular home economics areas in child and family development, housing and home management, clothing, foods, and consumerism, the Extension Service has developed a new approach to malnutrition problems among low-income, disadvantaged families -- the Expanded Nutrition Program. It is geared to both youth and adults. Aides are trained and supervised by County Extension Agents to teach nutrition information, food selection and buying, food preparation, meal planning, food storage and sanitation in their own communities. All Extension programs are available free to any individual who wishes to take part.

Employment

The U.S. Department of Labor administers a variety of employment programs. The Special Programs Department assumes responsibility for special contracted functions carried out by the local agency under federal programs such as JTPA, WIN, Job Corps, and various other work training programs. All funding for the administration of these programs, and for subsistence allowance payments under them, is carried out by the Federal government.

The U.S. Employment Service provides assistance to States in establishing and maintaining a system of approximately 2,000 local public employment offices. This network of local offices acts as a labor exchange that assists workers seeking jobs that use their skills and employers who need qualified workers. Services include job development, placement, and related supportive services including counseling, and special assistance to youth, older workers, veterans, and handicapped persons. Located within the Employment Service is the Work Incentive Program (WIN) which helps people receiving AFDC to find jobs and become self-supporting.

Through the local offices, the Placement Department conducts a program to bring together employers and potential employees meeting job requirements. Agency staff review work applications, classify workers by occupation, and refer them to job openings, following a selection process to determine their qualifications. Employment counseling is available to applicants, and special placement services are provided to employers, handicapped applicants, minorities, veterans, older workers, and youth.

The Employment Service provides special assistance to youth aged 16 to 24 through its cooperative school program and through specialized youth staff in local offices. The Cooperative School Program is part of the overall youth program and is aimed at easing the transition from school to work by offering placement counseling and job finding services to prospective dropouts, graduates, and job-ready youth. At both the state and local levels, the Employment Service is also responsible for developing information on employment and unemployment and on occupational demand and supply necessary for programs throughout the country.

The Employment and Training Administration of the DOL has major responsibility for administration of the Job Training Partnership Act (JTPA). The JTPA is an an act designed to prepare youth, unskilled adults, economically disadvantaged or dislocated persons, and others with serious barriers to employment for entry into the labor force. The program is designed to be a partnership between private business and government to fight unemployment.

Under JTPA, economically disadvantaged and unskilled youth and adults, dislocated workers, and others facing serious barriers to employment receive job training and other services to prepare them for productive unsubsidized employment. JTPA includes the Job Corps and programs for Native Americans and migrant and seasonal farmworkers. AFDC recipients and school dropouts are to be served in proportion to their numbers in the eligible population.

Although monies appropriated under this Act are to be passed through the governor's office, it is the partnership established between the local government and the Private Industry Council (PIC) that determines the mix of services, training strategies, client priorities, and delivery mechanisms. The PIC must include members from education, private industry, labor, etc. The initial PIC members are appointed by local elected officials. The PIC and the local government maintains an oversight role.

The Work Experience Program involves public and private non-profit organizations and assists in-school youths in finding parttime employment (maximum 20 hours per week). JTPA pays all wages for hours worked during the school year.

The Job Search Workshop is a two-week program designed to help the job hunter develop good job seeking skills. Instructional on filling out job applications properly and interviewing techniques are highly emphasized. The workshop counselor also assists the participant in developing a resume and refers applicants to jobs listed with JTPA.

The Work Incentive Program (WIN) is jointly administered by the Department of Labor and the Department of Health and Human Services, and is designed to help AFDC recipients become self-supporting by providing them with a wide range of employment, training, and social services. All children of WIN participants are eligible for day care services if needed. Federal law requires all AFDC applicants and recipients to register for the WIN program, unless they are exempt. Those exempt include: children under age 16, full-time students under age 21, mothers or other relatives who must care for children under age 6, persons who need to be home to care for an ill or incapacitated persons who live too far away from a WIN project.

The Classroom Training Program assists individuals who can attend vocational training on a full-time basis and wish to obtain training for a high demand occupation. Applications for this program are usually required to have a high school diploma or GED. Financial aid for eligible classroom training program participants includes the cost of required course-related tuition, fees, books, uniforms and supplies. In addition, some participants may be eligible for a weekly needs based allowance. Classroom training is also available for those individuals interested in GED preparation training, basic skills training, or English as a second language training.

The purpose of the Classroom Training Program is to assist economically disadvantaged students enrolling in and/or completing formal classroom training for high demand occupations. Consideration for the Classroom Training Program is contingent upon eligibility in JTPA. Acceptance into the Classroom Training Program is determined predominately from the training facility pre-entrance test scores and/or the results from the Basic Occupational Literacy Test given at the local JTPA office. Financial aid for eligible

Classroom Training Program participants includes the cost of required course-related tuition, fees, books, uniforms, and supplies to be paid directly to the training facility on a semester basis. Workers compensation coverage is also provided for all students. In addition, if you qualify for it, a weekly supportive service payment is determined on an individual basis to assist with transportation and child care costs.

The Tryout Employment Program works with private-for-profit employers in obtaining part-time employment (10 to 20 hours per week) for in-school youth ages 16 to 21. Youth must have passing grades in their academic work to qualify for this program. JTPA will fully pay their 250 hours of wages with the understanding that the employer will continue employment for the youth beyond the tryout period.

The purpose of the Preemployment Skills Training/Try-out Employment program is to assist economically disadvantaged youth, 16 years of age and older, in completing their education by placing them in part-time employment. Individuals placed with employers will receive compensation for 250 hours of part-time work during the summer. Employers will be expected to retain participants in their hire upon completion of their 250 hours of work. Employers who fail to do so will be prohibited from having additional youth assigned to them in the future. Youths must have passing grades in their academic work at the time of application to be considered eligible for the program. Prior to being referred to employers for job interviews, all participants will receive at least three hours of classroom instruction on grooming, appropriate dress, job application and interviewing skills, appropriate work behaviors, and employer expectations. Participants will be paid wages, directly by JTPA, at a rate commersurate with that of other individuals employed in similar jobs with the same employer. In not instance will this rate be less than the federal minimum wage. Participants will work between 10 and 20 hours per week during the school year and up to 40 during the summer months.

The On-the Job Training Program works with various private and public sector employers who are willing to train participants as they work. For the employer, this means half-price wages for full-time employees. The employer receives a direct reimbursement of 50 percent of the wages paid to eligible workers for a specified number of training days.

On-the-Job Training means working experience gained by a new employee while at the job site. Costs are offset for training and supervision directly to the employer. JTPA negotiates an agreement with the employer, which includes the length of training, an employer statement regarding permanent hiring of the new worker, and the cost to be reimbursed to the employer for the training and supervision. JTPA staff are prepared to assist the employer in applying for, designing, and implementing a successful on-the-job training program. A JTPA staff member will discuss the program in full detail with the employer, develop the agreement based on employer information, and provide eligible persons screened to the employer's specifications. The employer interviews the screened applicants and chooses the best-suited individual(s) for their business. Throughout the training, JTPA will provide counseling services as needed and provide any technical assistance needed by the employer to make the training successful.

The Summer Youth Employment Program is designed to assist youth, ages 16 to 21, to obtain summer employment. Youth acquire work experience, learn skills, develop good work habits, and, hopefully, gain insight into the importance of completing their education.

The Targeted Outreach Program (TOP assists young persons, primarily minorities, to qualify for and obtain jobs in skilled trades. Many TOP projects also assist women to obtain nontraditional jobs.

The National On-the-Job Training Program (OJT) involves funding agreements mainly with national labor organizations and trade management associations under which they operate special training programs for unemployed and disadvantaged persons.

The Community Use and Employment Program serves unemployed youths aged 16 to 19 years who are usually school dropouts and are defined as being economically disadvantaged. Enrollees participate in labor-intensive work experience and skill training projects that provide a tangible benefit to the community. Youths work for a maximum of 1 year and can receive academic credit through specific agreements with local education agencies.

In the Job Corps, youths aged 16 to 21 who come from disadvantaged and troubled homes have the opportunity to receive job training while living in a residential center. Its purpose is to prepare these youths for the responsibilities of citizenship and to increase their employability by providing them with education, vocational training, and useful work experience in rural, urban, and inner-city centers.

The Young Adult Conservation Corps provides conservation work on public lands and waters and other benefits to youth.

The Women's Bureau is responsible for formulating standards and policies which promote the welfare of wage earning women, improve their working conditions, increase their efficiency, advance their opportunities for profitable employment, and investigate and report on all matters pertinent to the welfare of women in industry.

The Bureau of Labor Statistics has responsibility for the Department's principal factfinding agency in the field of labor economics, particularly with respect to the collection and analysis of data on labor requirements, labor force, employment, unemployment, hours of work, wages and employee compensation, prices, living conditions, labor-management relations, productivity and technological developments, occupational safety and health, structure and growth of the economy, urban conditions, and related socio-economic issues, and international aspects of certain of these subjects. The information is stored in computerized data banks and is then published in monthly press releases and various BLS periodicals and bulletins. This information is useful for community planning and program development and evaluation.

Housing

Housing assistance is provided by the Department of Housing and Urban Development. Assistance includes low income public housing and community development black grant assistance.

Local Public Housing Agencies are provided with technical and financial assistance in planning, developing, and managing (including upgrading) housing for low-income families. Financial assistance is in the form of preliminary loans for planning, annual contributions to pay off bounds and notes issued in connection with project development, and operating subsidy contributions to ensure low-income character of the projects and to enable PHA's to maintain adequate operating and maintenance services and reserve funds. Special provisions allow for purchase of such housing by low-income families. Modernization funds are provided for project upgrading.

The primary objective of community development block grant assistance is the development of viable urban communities, by providing decent housing and a suitable living environment and expanding economic opportunities principally for persons of low and moderate income. More specifically, objectives include: (1) elimination of slums and blight; (2) increase the supply of low- and moderate-income housing; (3) elimination of conditions which are detrimental to health, safety, and welfare, (4) conservation of existing housing; (5) improvement of public services; (6) rational utilization of land; and (7) preservation of property with special values. States, cities, counties, and other local units of government are eligible to receive block grant funds. Matching contributions are not required. Community development block grant assistance is provided on an entitlement basis for large cities and certain urban counties. Their share is based on a formula which includes population, housing overcrowding, age of housing, population growth lag, and extent of poverty. In general, a community may use these funds as long as each project or activity principally benefits low-and middle-income families, aids in the prevention of slums or blight, or meets other community development needs of a particular urgency.

The major housing programs are Section 8, a rental assistance program, and the public housing program. Under each program, tenants are expected to contribute a fixed share of their incomes as rent, their remaining housing costs are paid by the federal government.

Services for Runaway Youth

Funds go to establishing or maintaining runaway centers that provide temporary shelter, counseling, and aftercare services to juvenile runaways, and to provide a national communications system to assist runaway and homeless youth in communicating with their families and with service providers. Since runaways may be pregnant or at high risk of becoming pregnant, programs need to be alert to the physical and emotional needs of youth related to pregnancy. In addition, teenagers dealing with a pregnancy may be particularly prone to run away from their homes, and therefore the services provided by this program network may be especially pertinent to males and females facing a premarital pregnancy. At the Federal level, this program is administered by the Office of Human Development Service, Administration for Children, Youth, and Families, Department of Health and Human Services.

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New Futures
2120 Louisiana, NE
Albuquerque, NM 87110

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P.O. Box 25
El, Toro, CA 92630

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Child Welfare League of America
CN 3103
300 Raritan Center Parkway
Edison, NJ 08818

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Parent Materials and Information Center
4200 Metropolitan Avenue
Room 213
Dallas, TX 75201

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Bridge Family Life Center
23 Beacon Street
Boston, MA 02108

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One Jacob Way
Reading, MA 01867

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Morning Glory Press
6595 San Haroldo Way
Buena Park, CA 90620

87

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March of Dimes. (19). Preparenthood education program. [$33.00]
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March of Dimes Birth Defects Foundation
1275 Mamaroneck Avenue
White Plains, NY 10605

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Manpower Demonstration Research
3 Park Avenue
New York, NY 10016

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MELD
123 E. Grant Street
Minneapolis, MN 55403

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Teen Parent Program
Wayne County Intermediate School District
2000 Pagel
Lincoln Park, MI 48197

Pierson, J., and Pierson, A. (19). My baby and me. [$15.00]
Loving and Caring
P.O. Box 146
Millersville, PA 17551

Rothenberg, B. A. (19). Parentmaking: A practical handbook for teaching parent classes about babies and toddlers. [$24.95]
The Banster Press
117 Pinon Drive
P.O. Box 7326F
Menlo Park, CA 94025

Shriver, E. K. (1982). A community of caring. [$18.00]
Joseph P. Kennedy Jr. Foundation
1701 K Street, NW
Washington, DC 20006

Single parents: Managing the dual role of homemaker and wage earner. [$15.00]
Home Economics Curriculum Center
Texas Tech University
P.O. Box 4067
Lubbock, TX 79409

PAMPHLETS

	SUBJECT					
	Adolescent Sexuality	Family Planning	Human Reproduction	Pregnancy & Childbirth	Nutrition & Health	Parenting & Child Care
Alan Guttmacher Institute 111 Fifth Avenue New York, NY 10003	X	X				
American College of Obstetricians and Gynecologists 600 Maryland Avenue, SW Washington, DC 20024		X				
Carnation Healthcare Services Department 391 5045 Wilshire Boulevard Los Angeles, CA 90036					X	
Channing L. Bete Co., Inc. 200 State Road South Deerfield, MA 01373	X	X	X	X	X	X
Child Welfare League of America 67 Irving Place New York, NY 10003	X					X
Early Pregnancy Information Center P.O. Box 548 Morris Plains, NJ 07950				X		
Family Life and Maternity Education 4111 Watkins Trail Annandale, VA 22003				X		
Gerber Products Company 445 State Street Freemont, MI 49412				X	X	X
Girls Clubs of America National Resource Center 441 West Michigan Street Indianapolis, IN 46202	X					

	SUBJECT					
	Adolescent Sexuality	Family Planning	Human Reproduction	Pregnancy & Childbirth	Nutrition & Health	Parenting & Child Care
Growing Child 22 North Second Street P.O. Box 520 Lafayette, IN 47902-9989						X
Infant Formula Council 5775 Peachtree-Dunwoody Road Suite 500-D Atlanta, GA 30342					X	
International Childbirth Education Association P.O. Box 10048 Minneapolis, MN 55420-0048				X	X	
Johnson & Johnson Baby Products Company Consumer and Professional Services Grandview Road Skillman, NJ 08558						X
Loving and Caring, Inc. P.O. Box 146 Millersville, PA 17551	X					X
March of Dimes Birth Defects Foundation 1275 Mamaroneck Avenue White Plains, NY 10605	X			X	X	
Mead Johnson & Company Nutritional Division Evansville, IN 47721					X	
National Committee for Prevention of Child Abuse 332 S. Michigan Avenue, Suite 1250 Chicago, IL 60604						X

	SUBJECT					
	Adolescent Sexuality	Family Planning	Human Reproduction	Pregnancy & Childbirth	Nutrition & Health	Parenting & Child Care
Network Publications ETR Associates 1700 Mission Street Dept. P, Suite 203 P.O. Box 8506	X	X				
Ortho Pharmaceuticals Raritan, NJ 08869		X				
Personal Products Consumer Information Center Milltown, NJ 08850			X			
Planned Parenthood Federation of America Education Department 810 Seventh Avenue New York, NY 10019	X	X	X			
Public Affairs Committee, Inc. Public Affairs Phamphlets 381 Park Avenue South New York, NY 10016	X			X		X
RAJ Publications P.O. Box 18599 Denver, CO 80218	X	X				
Rocky Mountain Planned Parenthood Publications 1525 Josephine Street Denver, CO 80206	X	X				
Ross Laboratories Columbus, OH 43216				X	X	X
Schering Corporation Kenilworth, NJ 07033		X				

	SUBJECT					
	Adolescent Sexuality	Family Planning	Human Reproduction	Pregnancy & Childbirth	Nutrition & Health	Parenting & Child Care
Searle & Company San Juan, Puerto Rico 00936					X	
Sex Information and Education Council of the U.S. (SIECUS) 80 Fifth Avenue, Suite 801-2 New York, NY 10011	X	X	X			
Tampax, Incorporated Educational Affairs 5 Dakota Drive P.O. Box 7001 Lake Success, NJ 11042			X			
U.S. Department of Health and Human Services Public Health Service 5600 Fishers Lane Rockville, MD 20857	X	X	X	X	X	X
U.S. Government Printing Office Superintendent of Documents Washington, DC 20402	X	X	X	X	X	X

AUDIOVISUALS

A & G Associates
4925 Benhurst Avenue
San Diego, CA 92122

AIMS Instructional Media, Inc.
626 Justin Avenue
Glendale, CA 91202

ASPO of Los Angeles, Inc.
1543 W. Olympic Blvd., Suite 343
Los Angeles, Ca 90015

Agency for Instructional Television
Box A
Bloomington, IN 47401

American College of Obstetricians
and Gynecologists
Film & Video Service
P.O. Box 299
Wheaton, IL 60187

American Education Films
132 Lasky Drive
Beverly Hills, CA 90212

American Journal of Nursing Company
Educational Services Division
555 West 57th Street
New York, NY 10019

Joseph T. Anzalone Foundation
P.O. Box 5296
Santa Cruz, CA 95063

Appalshop, Inc.
Box 743
118 Main Street
Whitesburg, KY 41858

Artemis Associates
19460 Stratford
Detroit, MI 48221

Association Films, Inc.
600 Grand Avenue
Ridgefield, NJ 07657

BFA Educational Media
2211 Michigan Avenue
P.O. Box 1795
Santa Monica, CA 90404

Baby Dancey Productions
4061 Wade Street, Suite A
Los Angeles, CA 90066

Bandera Enterprises, Inc.
P.O. Box 1107
Studio City, CA 91604

Bay Area Birth Education Series
% Deanna Sollid
59 Berens Drive
Kentfield, CA 94904

Benchmark Films, Inc.
145 Scarborough Road
Briarcliff Manor, NY 10510

Breastfeeding Works for
Cesareans, Too!
P.O. Box 7247
Burbank, CA 91510

Brigham Young University
Audio Visual Services
290 Herald R. Clark Building
Provo, UT 84602

Billy Budd Films, Inc.
235 East 57th Street
New York, NY 10022

Bullfrog Films, Inc.
Oley, PA 19547

Bureau of Audio Visual Instruct.
P.O. Box 2093
Madison, WI 53701

CC Films
National Council of Churches
425 Riverside Drive, Room 860
New York, NY 10115

CRM/McGraw-Hill Films
110 Fifteenth Street
Del Mar, CA 92014

Care Communications
565 Fifth Avenue
New York, NY 10017

Carolina Population Center
The University of North
Carolina at Chapel Hill
University Square 300A
Chapel Hill, NY 27514

Carousel Films, Inc.
1501 Broadway
New York, NY 10036

Centre Films, Inc.
1103 N. El Centro Avenue
Hollywood, CA 90038

Centre Productions, Inc.
1312 Pine, Suite A
Boulder, CO 80302

Centron Educational Films
1621 West 9th Street
Box 687
Lawrence, KS 66044

Cesarean Concern
P.O. Box 49281
Atlanta, GA 30359

Cesarean Support Group
184 Elm Avenue
Teaneck, NJ 07666

Childbirth Education Associates
1078 Natchez Drive
Hendersonville, TN 37075

Childbirth Education Films, Inc.
648 Riverside Road
North Palm Beach, FL 33408

Children's Home Society
Public Relations Department
3100 W. Adams Boulevard
Los Angeles, CA 90018

Children's Hospital National
Medical Center
Media Center
111 Michigan Avenue, N.W.
Washington, DC 20010

Churchill Films
662 N. Robertson Boulevard
Loa Angeles, CA 90069

Cinema Medica
2335 W. Foster Avenue
Chicago, IL 60625

Consumer Product Safety Commis.
Director of Communications
Outreach Branch, Room 342
Washington, DC 20207

Consumer Reports Films
256 Washington Street
Mount Vernon, NY 10550

Coronet Films
65 East South Water Street
Chicago, IL 60601

Cosco/Peterson
2525 State Street
Columbus, Indiana 47201

Creative Learning Center
P.O. Box 5331
Baltimore, MD 21209

Creative Marketing
Human Services Division
P.O. Box 2423
Springfield, IL 62705

Documentaries for Learning
Harvard Medical School
59 Fenwood Road
Boston, MA 02115

Education Development Center
Distribution Center
39 Chapel Street
Newton, MA 02160

Educational Activities, Inc.
P.O. Box 392
Freeport, NY 11520

Educational Graphic Aids, Inc.
1315 Norwood, Dept, IC
Boulder, CO 80302

Encyclopedia Britannica
Education Corporation
425 N. Michigan Avenue
Chicago, IL 60601

Evenflo Products Company
771 N. Freedom Street
Ravenna, OH 44266

FMS Productions, Inc.
1777 N. Vine Street
Los Angeles, CA 90028

Face to Face Health and Counseling Service, Inc.
730 Mendota
St. Paul, MN 55106

Fairview General Hospital
Department of Audio-Visual Communications
18101 Lorain Avenue, Room AR12
Cleveland, OH 44111

FilmFair Communications
10900 Ventura Blvd.
P.O. Box 1728
Studio City, CA 91604

Filmakers Library Inc.
133 East 58th Street, Suite 703A
New York, NY 10022

Film-Makers' Cooperative
175 Lexington Avenue
New York, NY 10016

Films Incorporated
1144 Wilmette Avenue
Wilmette, IL 60091

Focus International, Inc.
333 West 52nd Street
New York, NY 10019

Michael Fowlkes Productions
301 Ledroit
Laguna Beach, CA 92651

Global Village
454 Broome Street
New York, NY 10013

Gynob Northwest
N. 6812 Argonaut Road
Spokane, WA 99208

Harper & Row College Media
2350 Virginia Avenue
Hagerstown, MD 21740

Health Sciences Communication Center
Marketing Divisions
Room WA-6725
Case Western Reserve University
Cleveland, OH 44106

Alfred Higgins Productions, Inc.
9100 Sunset Blvd.
Los Angeles, CA 90069

Hospital Audio Visual Education
Attn: Anne Abbott Berk
606 Halstead Avenue
Mamaroneck, NY 10543

Human Relations Media
175 Tompkins Avenue
Pleasantville, NY 10570

Indiana University
Audio Visual Center
Bloomington, IN 47405

International Childbirth Education Association
P.O. Box 20048
Minnepaolis, MN 55420-0048

International Film Bureau, Inc.
332 S. Michigan Avenue
Chicago, IL 60604

Johnson & Johnson Baby Products
220 Centennial Avenue
Piscataway, NJ 08854

Johnson & Johnson Baby Products
Consumer & Professional Services
Grandview Road
Skillman, NJ 08558

Karol Media
625 From Road
Paramus, NJ 07652

Kartemquin Films Ltd.
P.O. Box 1665
Evanston, IL 60204

Walter J. Klein Company, Ltd.
6301 Carmel Road
P.O. Box 220766
Charlotte, NC 28222

La Leche League International
Film Chairman
1900 Swarthmore Drive
Aurora, IL 60506

Lawren Productions
P.O. Box 666
Mendocino, CA 95460

Learning Corporation of America
1350 Avenue of the Americas
New York, NY 10019

Lifecircle
2378 Cornell Drive
Costa Mesa, Ca 92626

Linhoff Color Photo Laboratory
4402 France Avenue South
Minneapolis, MN 55410

J.B. Lippincott Company
Department of Audiovisual Media
Health Professions Publications
East Washington Square
Philadelphia, PA 19105

Little Red Filmhouse
666 N. Robertson Blvd.
Los Angeles, CA 90069

MTI Teleprograms, Inc.
3710 Commercial Avenue
Northbrook, IL 60062

MacMillan Films, Inc.
34 MacQuesten Pkwy. South
Mt. Vernon, NY 10550

Magic Curtain Films
61 Jackson Street
Cambridge, MA 02140

March of Dimes
Birth Defects Foundation
1275 Mamaroneck Avenue
White Plains, NY 10605

Mary Jane Company
P.O. Box 736
North Hollywood, CA 91609

Mass Media Ministries
2116 N. Charles Street
Baltimore, MD 21218

Maternity Center Association
48 East 92nd Street
New York, NY 10028

McGraw-Hill Films
1221 Avenue of the Americas
New York, NY 10020

Mead Johnson Laboratories
Manager, Meetings and Exhibits
2404 Pennsylvania Street
Evansville, IN 47721

Media for Childbirth Education
P.O. Box 2092
Castro Valley, CA 94546

Media Guild
118 S. Acacia
Box 881
Solana Beach, CA 92075

Media Projects, Inc.
5212 Homer Street
Dallas, TX 75206

Mercy Health Center
Patient Education Department
Dubuque, IA 52001

Midwest Parentcraft Center, Inc.
627 Beaver Road
Glenview, IL 60025

Miller-Pickle Associates
211 East 7th Street, Suite 101
Austin, TX 78701

Milner-Fenwick, Inc.
2125 Greenspring Drive
Timonium, MD 21093

Modern Talking Pictures
5000 Park Street North
St. Petersburg, FL 33709

Motion, Inc
4437 Klingle Street, N.W.
Washington, DC 20016

National Audiovisual Center
National Archives and Records Service
General Services Administration
Order Section CG
Washington, DC 20409

National Health Films
Box 13973
Station K
Atlanta, GA 30324

National Sudden Infant Death Syndrome Foundation
310 S. Michigan Avenue, Room 1904
Chicago, IL 60604

New Day Films
Box 315
Franklin Lakes, NJ 07417

New Futures, Inc.
2120 Louisiana, NE
Albuquerque, NM 87110

New York University
Film Library
26 Washington Place
New York, NY 10003

New Yorker Films
43 West 61st Street
New York, NY 10023

Nurse-Midwifery Program
MUSC, College of Nursing, Room 505
171 Ashley Avenue
Charleston, SC 29403

Parenting Pictures
R.D. #1, Box 355-B
Columbia, NJ 07832

Parents' Magazine Films, Inc.
Dept. F
52 Vanderbilt Avenue
New York, NY 10017

Parkerhouse, Inc.
P.O. Box 1013
Palo Alto, CA 94302

Perennial Education
477 Roger Williams
P.O. Box 855 Ravinia
Highland Park, IL 60035

Personal Products Company
% Karol Media
P.O. Box 2000
South Hackensack, NJ 07606

Phoenix Films, Inc.
470 Park Avenue South
New York, NY 10016

Photographic Media Center
45 N. Charter
Madison, WI 53706

Photoview Instructional Aids
27935 Roble Alto
Los Altos Hills, CA 94022

Pictura Films
111 Eight Avenue
New York, NY 10011

Plainsong Productions
47 Halifax Street
Jamaica Plains, MA 02130

Planned Parenthood Federation of America, Inc.
Publications Department
810 Seventh Avenue
New York, NY 10570

Pleasantville Media
Suite PX4
P.O. Box 415
Pleasantville, NY 10570

The Polished Apple
881 Alma Real Drive
Pacific Palisades, CA 90272

Polymorph Films
331 Newbury Street
Boston, MA 02115

Primary Communications, Inc.
P.O. Box 480
Southern Pines, NC 28387

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The Proctor & Gamble
Professional Services Division
P.O. Box 171
Cincinnati, OH 54201

Professional Research, Inc.
12960 Coral Tree Place
Los Angeles, CA 90066

Pyramid Films
Box 1804
Santa Monica, CA 90406

Rainlight Films
9317 S.E. Stanley Avenue
Milwaukie, OR 97222

Read Natural Childbirth Foundation, Inc.
1300 S. Elisco Drive, Suite 102
Greenbrae, CA 94904

Responsible Caring Films
1407 Union Avenue
Memphis, TN 38104

Rocom International
Hoffman La Roche and Company
Montclair, NJ 07042

Ross Laboratories
Columbus, OH 43216

Serious Business Company
1145 Mandana Blvd.
Oakland, CA 94610

Show and Tell Instructional Aides
2905 Cambridge Drive
San Jose, CA 95125

Society for Nutrition Education
2140 Shattuck Avenue, Suite 1110
Berkeley, CA 94704

Spenco Medical Corporation
P.O. Box 8113
Waco, TX 78710

Stanfield House Films
12381 Wilshire Blvd., Suite 203
Los Angeles, CA 90025

Sunburst Communications
Room TQ
39 Washington Avenue
Pleasantville, NY 10570-9971

Tampax, Incorporated
Educational Department
P.O. Box 7001
Lake Success, NY 11042

TV Film Library
National Council of Churches
475 Riverside Drive, Room 860
New York, NY 10115

Teckla Productions, Inc.
Bank of America Bldg.,
Suite 760
1430 Truxtun Avenue
Bakersfield, Ca 93301

Temple University School of Medicine
Department of Medical Communication
3400 N. Broad Street
Philadelphia, PA 19140

Texture Films, Inc.
1600 Broadway
New York, NY 10019

Third Eye Films
12 Arrow Street
Cambridge, MA 02138

Time-Life Multimedia
100 Eisenhower Drive
Paramus, NJ 07652

Trainex Corporation
P.O. Box 116
Garden Grove, CA 92642

Unifilm
419 Park Avenue South
New York, NY 10016

University Film & Video
3300 University Avenue S.E.
Minneapolis, MN 55414

Sterling Educational Films
241 East 34th Street
New York, NY 10016

University of California
Extension Media Center
2223 Fulton Street
Berkeley, CA 94720

Victoria Films, Inc.
11484 Washington Plaza West,
Suite 409
Reston, VA 22090

VideoFarm
156 Drakes Lane
Summertown, TN 38483

Videograph
2833 25th Street
San Francisco, CA 94110

Visucom Productions, Inc.
P.O. Box 5472
Redwood City, CA 94063

Vitamin Information Bureau, Inc.
664 N. Michigan Avenue
Chicago, IL 60611

Walt Disney Educational Media
500 S. Buena Vista Street
Burbank, CA 91521

Wayne State University
Audio-Visual Utilization
5448 Case Avenue
Detroit, MI 48202

West Glen Films
565 Fifth Avenue
New York, NY 10017

Wexler Films Productions
801 N. Seward Street
Los Angeles, CA 90038

Wyeth International Ltd.
P.O. Box 8616
Philadelphia, PA 19101

Your Health
5341 S. Maryland Avenue
Chicago, IL 60637